BINDING

RESERVED

MARGIN

S. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	autorieu	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

- <del>-</del>	STATE OF M	ARYLAND-	CERTIFICATE OF D	DEATH 1201
UP.	1. PLACE OF DEATH		(131)	rs.
OCCUP	County Alleg	my.	CORPORATE LIMIT	ration Dist. No.
of 0	Village or City Carlos Lope	and WI	No. 609 Hills death occurred in a hospital or institution, give its	who Oriest 6 - 6 Ward
it	Length of residence in city or town where deeth occu		ds. How long In U.S. if of foreign bi	
statement	2. FULL NAME Kuthen land	1 timbe	If U. S. Veteran, specify W	AR
tate	(a) Residence: No. 6098 He	eller Din	-est. 6-6 Ward.	
		ual place of abode)		resident give city or town and State
Exact	PERSONAL AND STATISTICAL F		MEDICAL CERTIFIC	SATE OF DEATH
		LE, MARRIED, WIDOWED, WORCED (write the word)	21. DATE OF DEATH	(Day) (Year)
classified	5a. If rearried, widoward or divorced HUSBAND of (or) WHFE of	Will.	22. I HEREBY CER	T   F X7 That   attended deceased from
	Pl	1/18/00	1926	10, 19./
properly certificate.	6. DATE OF BIRTH (month, day, and year)	3/- / 8/80 ays   If LESS than	to have occurred on the data steted abova, at.	107 , 192 (; death is said
properly	56 10 1	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and relat	0 /
procer	8 Trade profession or particular	6   ormin.	were as follows:	Coochery Date of onset
be	kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	meer	moradite	3/3/
may	9 Industry or business In which work was done, as SILK MILL,		Elyone ne	6 houtes 5/36
t it n	SAW MILL, BANK, etc	l. Total time (years)	0	
	this occupation (month end year)	spant in this occupation		
erms, so tha	12. BIRTHPLACE (city or town)	1/a	Other Coatributory Causes of Importance:	
s, s	(State or country)	P		
erms, instr	13. NAME Jesse Clivel	rose		
4	14. BIRTHPLACE (city or town)	1/0	Name of operation	Date of
13	(State or country)		What test confirmed diagnosis?	Was thera an autopsy?
EATH in pinportant.	15. MAIDEN NAME	-ann	23. If death was due to external causes (VIOLE	NCE) fill in also tha following:
TH	16. BIRTHPLACE (city or town) (State or country)	, la	Accident, suicida, or homicide?	Dete of Injury, 19
	17. INFORMATION Gertrudo	Reclaras	Whera did Injury occur?(Specify Spacify whether Injury occurred in INDUSTR'	r city or town, county and State) Y, In HOME, or In PUBLIC PLACE.
	(Address) Carles	ud ML		
E OF is ver	18. BURIAL, CREMATION, OR REMOVAL	9-1	Mannar of injury	
SZ	Plante face W Date	Tec- 24, 1937	Nature of Injury	<u> </u>
38	19. UNDERTAKER Louis Stein	I Tue	24. Was disaasa or Injury In any wey related t	o occupation of deceased
T	20. FILED Teb. 23, 1937 Xv.	P. Franke	(Signed) (Address) 2 J 3 V 4 J	us linkerland M.D.
	If more blanks are		2411 N. Charles Street, Baltimore, Requesting V.	S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago WILL STATE V Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL	CDACE	FOD	FIIDTHED	STATEMENTS	DV	DUVCTOTAN
TOTAL	DIALE	LAIL	T. C. IV. I. I.I. I.I.I.		101	FILDICIAN

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21816

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 0 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
AND THE PARTY OF T			

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	-CERTIFICATE OF DEATH
1. PLACE OF DEATH	73-0
County allegacy	REPORATE LIMITS Registration Dist. No. 4
Village or City Clurcheland WIT	HIN No. acylum 5, 3-3 Ward
	(If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Sunh & . As	If U. S. Veteran, specify WAR
(a) Residence: No. 214 Eucle	St., 5 - / Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
OR DIVORCED (write the word)	2-19-1937
5a. If marriad, widowed, or divorcad	(Month) (Day) (Yeer)
HUSBANO OF OUTEN Osl	22. — I HEREBY CERTIFY, That I attended daceased from
6. DATE OF BIRTH (month, day, and year) 1859	I last saw here eliva on 2 17 1937, daeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date statad above, atm.
bout 78 - 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance wara as follows:
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER BODKKEFPER atc.	
	1 Louis 1 Joans
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date decaased last worked at this occupation (month and year) occupation occupation	
200	Othar Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	(data = = oale
13. NAME Weekee	
14, BIRTHPLACE (city or town)	Name of operation. Date of
(State of County)	What test confirmed diagnosis?
15. MAIDEN NAME	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
TAL DIAMP	Whara did Injury occur? (Specify city or town, county and State)
17. INFDRMANT (Address)	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place	7- Nature of Injury
19. UNDERTAKER BULLS Stave deren	24. Was disease or Injury in any wey releted to occupation of deceased?
20. FILEO Feb. 271937. Dr. J. P. Frank	(Signed) D Mulling M. D.
Registrar.  If more blanks are needed, address State Revietra	(Address) Lundy Charles Street, Baltimore, Requesting V. S. No. z.
-, Judates despita	, of a a see Chance Other, Danishore, Requesting C. J. 170. I.

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MAR 6 1837	1 4		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

UNFADING INK-THIS IS A PERMANENT RI

AGE should be

CAUSE OF DEATH in plain terms, so that it may be

mation should be carefully supplied.

stated EXACTLY.

PHYSICIANS should state

D. Every item"

properly classified. Exact statement of OCCUPA-

-WRITE PLA

N. B.

1	STATE O	F MAR	YLAND-	CERTIFICATE	OF DE	ATH	1204
1. PLACE OF DE	ATHY				AMITS.		11
County A	ledany			IN CORPORATE	Registration	Dist. No.	4
Village or City	Como	clans		No. 724 Of death occurred in a hospital or in	40-4 64 5-4 C. S	Parl St.	Ward
Length of residence in	city or town whare de	th occurred		ds. How long in U.S.			
2. FULL NAME (a) Residence: No.	Margants 794 Q	Uella Ediour	Wood	st., 6 6 Ward.		at give city or town a	
PERSONAL A	ND STATISTIC			MEDICAL	CERTIFICAT		
		S. SINGLE, MAR	RIED, WIDOWED, D (write the word)	21. DATE OF DEAT	tet-	27	1937
5a. If married, widowed, or di	vorced	21-01			(Month)	(Day)	(Year)
(or) WIFE of	Barge	W		nou-	BY CERTIF	That I attended	d deceased from
6. DATE OF BIRTH (month, o	lay, and year)	100-15	1869	I last saw h. e.z. alive on	JUL . T	7 ,193	Z; death is sai
7. AGE Years	Months	Days	If LESS than	to have occurred on the date :	stated above, at/_/.	30 m.	
67	3	26	1 day,hrs.	The PRINCIPAL CAUSE OF D	EATH and ralated car	uses of importance	1-
8. Trade, profession, or kind of work don SAWYER, BOOKK	e, as SPINNER,	+w1.		Chron	e hos	Vinto	Date of onse
9. Industry or business work was done, a	In which s SILK MILL,	0			· · · · · · · · · · · · · · · · · · ·	7.000	
10. Date dacaased last withis occupation (nyear)	vorked at nonth and	11. Total ti sper occu	ima (yaars) nt in this upation				
12. BIRTHPLACE (city or tow (State or country)	m. Sa	raye	and.	Other Contributory Casses of	importance full	alies	1920
13. NAME Chas	Addison	Cor	K				
14. BIRTHPLACE (city or (State or country)		mort	and.	Name of operation			///
15. MAIDEN NAME	Venden-	, Ru		23. If death was due to extarna			
16. BIRTHPLACE (city or		tomore	and	Accident, suicida, or homicide	7		
17. INFORMANT (Address)	n Ban	W (Ban)		Whera did Injury occur? Specify whether Injury occurr	(Specify city	or town, county and S 10ME, or In PUBLIC	itate) PLACE.
18. BURIAL, CREMATION, OF	REMOVAL Cem.	Date March	42 137	Manner of Injury			
19. UNDERTAKER	Stein	Zpe		24. Was disease or injury lift a	1	upation of dacaased?	700
20. FILED Mch. 1	, 1937. Dr	J.P. 7	ranklı Registrar,	(Signed) (Address) 2	3 / Tall	Surulus	Par Mil

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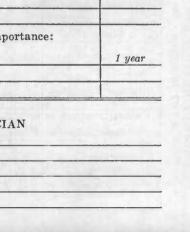
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1 V. 6.					
go a national state of the stat					
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Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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V. S. No. 1

Z

		STATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	205	
1	. PLACE OF DE				01	200	
	County	Allega	ny	Md Outs!	Registration Dist. No. 4		
	Village or City	orrigans	ville.	119.00	INO. GOTTINGING VILLE AND AND	Ward	
	Length of residence in	city or town where de	eeth occurred	Vrs. Cimos	death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. if of foreign birth?	d number)	
2		Martha.			If U. S. Veteran, specify WAR	1110303.	
-	(a) Residence: No.	Corri	gansvil	le.Md.	St., Ward.		
	(a) hesidence. No.		(Usual place		If nonresident give city or town ar	nd State	
	PERSONAL A		CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH		
3. 8		or or race hite		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Feb. 10.1937 (Month) (Day)	, 193	
5a.	If married, widowed, or di HUSBAND of (or) WIFE of JO	vorced hn . P . Bar	ncord		Peb. 5, 19 57 to Feb. 10,		
6 1	DATE OF BIRTH (month, o	and uses Au	g 9.185	56	Hast saw her alive on Feb. 10, 193		
7. /	GE Years	Months	Days	If LESS than	to have occurred on the data stated above, at 6 30 m.P.m.	, 00001113 3010	
	30	6	7	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset	
OCCUPATION	8. Trade, profession, or particular kind of work done, as SPINNER, At Home SAWYER, BDDKKEEPER, etc. 9. Industry or business in which		>	Lobar pneumonia	2/8/3		
OCCI	Spent in this			ime (years) nt in this upation			
12	DIDTIDI ACE (city on to	_		Md	Other Contributory Causes of Importance:		
12.	(State or country)	П)			Influenza	2/5/3	
ER	13. NAME Hen	ry . Garme	r				
FATHER	14. BIRTHPLACE (city or (Stata or country)		Wva		Name of operation None Date of What test confirmed diagnosis? Clinical Was there are	No	
ER	15. MAIDEN NAME M	ary.Myer			23. If death was due to external causes (VIOLENCE) fill in also tha followi		
MOTHER	16. BIRTHPLACE (city or (State or country		Md		Accident, suicide, or homicide? Date of Injury, 19		
John.Barncord (Address) Corrigansville. Md					(Specify city or town, county and St Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC P	ale) LACE.	
18.	BURIAL, CREMATION, DR	REMDVAL Com		13.1937	Manner of injury		
19.	UNDERTAKER(Address)	John .C . Cumbe	Wolford rland.		24. Was disease or injury in any way related to occupation of deceased?	No	
20.	FILED Treb. 13	1937. DN	J.P. 7	hranklı Registrar.	(Signed) Cumberland, Md.	M. D.	

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Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

V. S. No. 1

TION is very important. See instructions on back of certificate.

item of infor-

of OCCUPA-

1. PLACE OF DEATH	93-0
County allegan	CORPORATE LIMITS.  Registration Dist. No. 4
Village or City Carallela WITHIN	No. 333 No Control St., 2-2-Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME William Bell	If U. S. Veteran, specify WAR
(a) Residence: No. 222 4 (Usual place of abode)	St., 2 - Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX  Male  COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Male  Male  S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  Jewannia 13  (Month) (Day) (Year)
5a. If married, widowad, or diversed HUSBAND of (or) wife of Maggie Bauley	22. I HEREBY CERTIFY. That pattended deceased from 200. 13, 1937, to Feb 13, 1937
6. DATE OF BIRTH (month, day, and year) Not K	I last saw have alive on Felin 1977; daath is said
7. AGE Years Months Days If LESS than I day,hrs.	to have occurred on the dete stated above, at 1:25/Am.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8 Trade profession or particular	acute dilatation Date of one of
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9, Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased jast worked at this occupants (months and	Probably acute gastritis and myar 193;
10. Data deceased as worked at this occupation (most and 3 7 spent in this occupation 572	- Patient was dead when physician awards
12. BIRTHPLACE (city or town)	Other Contributory Causes of Importance:
(State or country)	appeared to have died of acute in-
# 13. NAME William Bell	disestion
13. NAME William Bell 14. BIRTHPLACE (city or town)	Name of operation 225 Data of
(State of country)	What test confirmed diagnosis? 22004. Was there an autopsy? Ho
# 15. MAIDEN NAME Bellie Warden	23. If death was due to external causes (VIOLENCE) fill in also the following:
O 16. BIRTHPLACE (city or town)	Accidant, suicide, or homicide?Date of injury19
State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Maggee 13ell Mol	Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVALO	Mannar of injury
December 10 10 10 10 10 10 10 10 10 10 10 10 10	Nature of injury
19. UNOERTAKEN Vous Stering Zee C. (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED Feb. 15, 1937, Ar. J. P. Franks	(Signed) (Si
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYI AND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I	4-14	Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	BENETVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephri	itis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MAD 6 1027	July 5,1927	Peritonitis	3 days ago
	e sealt V. B.	40		
Other contributory cau	ses of importance:	- 3	Other contributory causes of importance:	
Gallstones	TAL SIGNAL PROMISE	May 1,1923	Gastroenteritis	1 year
The state of the state of				
		1		

1. PLACE OF DEATH		97	400
County ALLEGANY		RPORATE LIMITS. Registration Dist. No. 4	
Village or City CUMRERLAND	MM. J. B. A. S.		-6 Ward
Length of rasidence in city or town whara daath occurred		death occurred in a hospital or institution, give its NAME instead of street and street and street.  ds. How long In U.S. if of foraign birth?	
2. FULL NAME Still 4mm	Ran		05,05.
	THE PROPERTY	St5- Ward. CIMBERT, AND MARYT	A 3.TT)
(a) Residence: No. 306 WAVERIA	TERRACE of abode)	St., Ward. CIMBERT AND MARYT If nonresident give city or town and	State
PERSONAL AND STATISTICAL PART	TICULARS	MEDICAL CERTIFICATE OF DEATH	
	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH FEBRUARY 27, 1937 (Month) (Day)	., 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	The same of		
(or) WIFE of		1 HEREBY CERTIFY. That I attanded	decaased from
6. DATE OF BIRTH (month, day, and year) FEBRUAR	RY 27. 193	7 I last saw halive on	
7. AGE Yaars Months Days	If LESS than	to have occurred on the data stated above, at 1.1.2 Pm.	
Stillborn	I day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Oate of onset
8. Trada, profession, or particular kind of work done, as SPINNER,		Itell born.	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			
work was done, as SILK MILL, SAW MILL, BANK, etc			
11. Total O this occupation (month and	time (years) ent in this		* *********
year) 00	cupation	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town)CIIMBERLAND	7.T.T.\		
(State or country) MARYT,A	(MI)		* ********
			-
14. BIRTHPLACE (city or town) MARYTANI (Stata or country)		Nama of operation Date of Was there an a	
15. MAIDEN NAME MARTHA SPARKS		23. If daath was dua to axternal causes (VIOLENCE) fill in also tha following	
16. BIRTHPLACE (city or town) PENNSYLV	ANIA	Accidant, suicida, or homicide? Data of Injury	
(State or country) Everett		Whera did injury occur?	
17. INFORMANT MEMORIAL HOSPITA (Address) Cumberland	I.	(Specify city or town, county and Stat Spacify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PL	e) ACE.
18. BURIAL, CREMATION, DR REMOVAN	/ 137	Mannar of injury	
19. UNOERTAKER JACO Pakes (Addrass) Wallerland	1	24. Was disease or injury in any way related to occupation of dacaased?	
20. FILED W. R. 1 1937. Dr. A. P. F.	Non Boi	(Signad) a mich	M. D.
20. FILED E 3	Registrar.	(Address) Cumbuland my	

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11.—The number of years the deceased followed the occupation.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 5 8 1937	1921	Run over by street car	1 week ago
Cercbral hemorrhage	July 5,1927	Peritonitis	3 days ago
MANEAU V. B.			
Other contributory causes of importance:	1000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

PHYSICIANS should state

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STATE OF MARYLAND—	CERTIFICATE OF DEATH 1208
1. PLACE OF DEATH	
County Allegary	Registration Dist, No.
Village or City Flintalme	No. Tonn Crush Rd St. Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
1. 0 N. 0 ./1	
2. FULL NAME fames Itam to whee	If U. S. Veteran, specify WAR
(a) Residence: No. / own (Usual place of abode)	St, Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
S. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male White Surred (write the word)	+NF 15 1933/
ie. If marriad, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF GOOD B. Shorral.	22. HEREBY CERTIFY, That I attended deceased from
Our a. mount.	about 1000, 1936, to Fib 20, 1927
DATE OF BIRTH (month, day, and year) Snav. 17 1860	I last saw h alive on
AGE Years Months Days If LESS than 1 deyhrs.	to have occurred on the date stated above, at
/6 // 8 ormin.	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were es follows:
8. Trada, profession, or particular kind of work done, as SPINNER,	- PA
SAWYER, BOOKKEEPER, etc.	M. Allfocasolina 100
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	and the state of t
10. Data daceasad last worked at 11. Total tima (years)	Vis 197 mili
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) Pendeleton Cr 10	Other Contributory Cauded of Importance:
(State or country) // / / W	
13. NAME ames Williamy 3 ste	
13. NAME arres William of ste	Name of operation Date of
(State or country)	Whet tast confirmed diegnosis? Lathan along Was there an autopsy? Ma
15. MAIDEN NAME Saran Iniller	23. If death wes due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Data of injury 19
(State or country)	Whare did injury occur?
7. INFORMANT Sear Bible.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Address) Resonderland	
8. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place William Card Data Fish 18, 1937	Neture of Injury
19. UNDERTAKER domo Stern Inc.	24. Wes disease or injury In any way related to occupetion of deceased?
(Address) Company	If so, specify
20, FILED Fiels 27,1937 Al Bannett	(Signed) The fill was many M.D.

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Example I	Į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 3 Bot			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

1. PLACE OF DEATH	TORATE LIMITS
County allegany	Registration Dist. No. 4
Village or City sample laged	No. St. War (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurredyrs,	mosds. How long in U.S. if of foreign birth?yrsmosd
2. FULL NAME Learnatte #.	Blume If U. S. Veteran, specify WAR.
(a) Residence No. 310 Williams	St-5-1 Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULAR	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WID OR DIVORCED ("wry the	word) ————————————————————————————————————
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) How 18-19	26 Hast saw her alive on Tel 9th, 1937; death is sa
7. AGE Yaars Months Oays If LES	S than to have occurred on the data stated above, at2_300_m.
10 2 21 1day,	hrs. The PRINCIPAL CAUSE OF DEATH and related causas of importance wera as follows:  Oate of ons.
8. Trade, profassion, or particular kind of work dona, as SPINNER,	- Dara
SAWYER, BOOKKEEPER, etc.	Chinex Endopardition 1/19
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed lest worked at this occupation (month and	- purpos
- I spent in this	
year) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	acute Hypelota 16
13. NAME Trust Blum	e negantis -
13. NAME TOURS Sleen	Neme of operation Date of
(Stata of country)	What test confirmed diagnosis? Was there en eutopsy?
16. BIRTHPLACE (city or town)	23. If death was due to extarnal causas (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury
(Stata or county)	Where did injury occur? (Specify city or town, county and State)
17. INFORMAND	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Mennes of Injury
Place Villerest Court. Date tell- 12	, 19.3-7 Nature of injury
19. UNDERTAKED Loging Stein Luc	24. Was disease or injury In any way related to occupation of deceased?
20. FILED Feb 11 1937. Ar. D. P. Ferra	nlas (Signad) Dun M.
	gistrar. (Address) - Quen heland III a

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
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Chronic interstitial nephritis AP & 1677	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUSTALL V. B.				
Other contributory causes of importance:		Other contributory causes of importance:	•	
Gallstones	May 1,1923	Gastroenteritis	1 year	

BINDING

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MARGIN

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Example I	1	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis \ 193	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1.4000	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

TION is very important. See instructions on back of certificate.

FOR BINDING

MARGIN RESERVED

of OCCUPA-

STATE	OF	MARYLAND-CERTIFICATE	OF	DEATH
FATH		The state of the s		

1. PLACE OF DEATH		
County Alleson	. WITHIN CO	RPORATE LIMITS. Registration Dist. No. 4
Village or City 62	inkeland (1	ND. St. 4-1 Ward f death occurred in a hospital or institution, give its AME instead of street and number)
Length of residence In city or town where	deeth occurred 3 yrsmos	ds. How long in U.S. it of foreign birth?mosds.
2. FULL NAME Derman	lette L. Doglo	If U. S. Veteran, specify WAR
(a) Residence: No. 222	m. Lee	st.,1 - 2 Ward.
	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEATH
4. COLOR OR RACE	5. SINGLE, MARRIED, WIDDWED, OB VIVORGED (write the word)	21. DATE OF DEATH Jeb (Month) (Day) (Year)
Sa. If merried, widowed or divorced	101	(month) (bay) (rear)
HUSBAND of James X	Boyland.	22. I HEREBY CERTIFY, That I ettended decessed from
6. DATE OF BIRTH (month, dey, end year)	ct 29 1888	Flest saw h.C. elive on 3/ , 1937; death is said
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 12:03 A.m.
53 3	day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc.	Insenile	Tordinama / gell blodder Dates onsst
kind of work done, es SPINNER, SAWYER, BDDKKEFFER, etc		(J
1D. Dete deceased lest worked at this occupetion (month end yeer)	II. Totel time (yeers) spent in this	
year)	occupetion	Dther Contributory Causes of Importance:
12. BIRTHPLACE (city or town)	5-1	
	11 11	
13. NAME TO LIE 14. BIRTHPLACE (city or town)	your.	A Marie Mari
(State or country)	Germany.	What test confirmed diagnosis
15. MAIDEN NAME	and 5 throeller	23. If deeth wes due to external couses (VIOLENCE) fill in elso the following:
15. MAIDEN NAME	MIC	Accident, suicide, or homicide? Dete of Injury, 19
(State or country)	Tr.Va.	Where did Injury occur?
17. INFDRMANT Land & Co. (Address)	offerd.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	6 Com Fel 3 1937	Manner of injury
19. UNDERTAKER Line Sta	in gae -	Nature of injury 24. Wes disease or injury In any wey related to occupation of deceased?
20. FILED FILE 3, 1937. A	A. J. P. Franka	(Signed) (Address) Cumber But (D.
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis INE	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 6 1937			
Other contributory causes of importance:	15	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

of OCCUPA.

STATE OF M.	ARYLAND-	CERTIFICAT	E OF	DEATH
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1. PLACE OF DEATH	
County Allegans -	HIN CORPORATE LIMITS.  Registration Dist. No. 44
Village or City Lumberland WIT	No. allerany Sospetal St. 4 Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	ds. How yong in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Deby. (boy) Draget	If U. S. Veteran, specify WAR
(a) Residence: No. Self-d LA:17:00	3 St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, WIDOWED.	21. DATE OF DEATH
OR DIVORCED (write the word)	Feb 15- 1937
5a. If marriad, widowed, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
	Jet 15, 193/, to Tet 15, 1934
6. DATE OF BIRTH (month, day, and year) Tel. 15, 1937	I last saw h aliva on
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the data stated above, atm.  The PRINCIPAL CAUSE OF DEATH end related causes of importance
of Somin.	were as follows:  Date of onset
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	tremanusity
SAWYER, BOOKKEEPER, etc	- Institute
work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Date deceased last worked et this occupation (month end spent in this	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) ( emberlaced	Other Contributory Causes of Importance.
(State or country)	
13. NAME Kelly Jerry Brandt	
14. BIRTHPLACE (city or town) Confirett	Name of operation
(Stete or country)	What tast confirmed diegnosis? Was there an autopsy?
15. MAIDEN NAME Cura Hatherine Helt	23. If daeth wes due to externel ceuses (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Sulfact bally	Accidant, suicida, or homicide? Dete of Injury19
(Stata or country)	Whara did Injury occur? (Specify city or town, county and State)
17. INFORMANT Selly Brankt.	Specify whether injury occurred In INDUSTRY, In HOME, or in PUBLIC PLACE,
(Address) R.F.D. 173 Cumber land Jul.	
18. BURIAL, CREMATION, OR REMOVAL Pa. Tell 15.03	Manner of Injury
1 1 0 0 A	Neture of Injury
19. UNDERTAKER Kelly Brandt	24. Was disease or injury in any way related to occupation of daceased?
(Address) Befford Road, Cumber 18	and so, specify
20. FILED Teb : 13, 1931. Dr. J. V. Hrankle	(Signed) M. D.
Registrar.	(Address) framtula of flife
ij mone vianks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 weck ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

ADDITIONAL S	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN.
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1.	PLACE OF DE	ATH			CORPORATE LIMITS.
	CountyA	LLEGANY	COUNTY	WITHIN	CORPOTA (57-d) Registration Dist. No.
	Village or City	Cumb	erlar	Q (If	No. Memorial Hospita St., 6-6 Ward death occurred in a horpital or institution, give its NAME interest and number)
	Length of residence i			yrsmos	
2	FULL NAME.	ROY BU			If U. S. Veteran, specify WAR
	(a) Residence: No	42 THC	MAS ST.		St., 6-2 Ward.
-	PERSONAL A	ND STATICE	(Usual place		If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. S		LOR OR RACE	1		21. DATE OF DEATH
		WHITE		REFED, WIDOWED, D (write the word) GLE	FEB. 12, 1937 , 193 (Month) (Dey) (Yeer)
5e.	If merried, widowed, or HUSBAND of (or) WIFE of	divorced			22. I HEREBY CERTIEY, Thet I ettended decessed from
6. E	PATE OF BIRTH (month,	day, end year)	DEC. 10,	1936	Valt saw bires alive on F. 6. 12 ,1937; death is seld
7. A	GE Years	Months	Days	If LESS than	to have occurred on the dete steted above, at 9:15 mP . M.
		2	2	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related ceuses of importance were as follows:
OCCUPATION	8. Trede, profession, or perticuler kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.				Hydrore fabracio; prob 1/243 may conquisal; as symptoms began when while was only me such allo
8	10. Dete deceesed lest this occupation ( yeer)	month and	spe	ime (yeers) nt in this upation	Other Contributory Canses of importence:
12.	BIRTHPLACE (city or to (State or country)	wn) MARI	ZLAND		
ER	13. NAME	ROY BUCY			
13. NAME ROY BUCY  14. BIRTHPLACE (city or town)  (State or country)					Name of operation Dete of Dete of Symparhers en autopsy?
2	15. MAIDEN NAME	EVA EVE	ERLY		23. If deeth was due to externel causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME EVA EVERLY  16. BIRTHPLACE (city or town) MARYLAND (State or country)					Accident, suicide, or homicide?
17.	INFORMANT NEW	ORIAL HO	SPITAL Md.	**	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18.	Plece Ore 7		27	15 ,1937	Menner of Injury
19.	UNDERTAYER LO	lier a	To in a	les	24. Wes disease or injury in any way releted to occupation of deceased? MO
20.	FILED Feb. 1	5,1937.25	r. J. P.	hrankl Registrar.	(Signed) I Bailey Hunter M. D. (Address) Ila & Laterty It Cumbulan

If more blanks are needed, address State Registrat, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 4.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitiol nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhaga	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		4	

# STATE OF MARYLAND-CERTIFICATE OF DEATH

should state of OCCUPAitem of infor-Exact statement UNFADING INK-THIS IS A PERMANENT RI stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be AGE should be mation should be carefully supplied. B.—WRITE PLAINLY, WIT

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH	(82-2)
County allegand	Registration Dist. No.
Village or City Barton ma	No. St. Ward
1.6 2 (If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long In U.S. it of foreign birth?yrsmosds.
2. FULL NAME Mary Illee fark	If U. S. Veteran, specify WAR
(a) Residence: No. A of Wood (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	(Month) (Day) (faer)
5a. It marriad, widowed, or divorcad	(month) (bay) (real)
HUSBAND OF (or) WIFE OF A Thamas (las lok)	22.   HEREBY CERTIFY, That I attanded deceased trom
10 1 13 10 13 1°	7 4 9 4 1937, to Feb 11 1937
6. DATE OF BIRTH (month, day, and year) UCY / 3 / 8 6 7. AGE Years Months Days If LESS than	I last saw h aliva on F_A 9, 19.37_; death is sate to have occurred on the date stated above, at 2A_m.
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atA_m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
Ormin.	were as tollows:
8. Trede, protession, or particular kind of work done, as SPINNER, Soussessonk SAWYER, BOOKKEPER, etc.	astral Himorhage
9. Industry or business in which	Languer of sheet
kind of work dona, as SPINNER, SOURCE SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was dona, as STLK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occupation (meet) and this compation (meet) and the compation (m	
	,
year) Manil Jo occupation occupation	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) Darlow,	aufral Umrrhager 1932
(State or country)	/
13. NAME Samuel & Miller	•
13. NAME Samuel J. Meller .  14. BIRTHPLACE (city or town) Mat Known "	Neme of operation Date of
(State or country)	What tast confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Comiley J. Wilt	23. If death was due to axternal causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) May mount (State or country)	Accident, suicide, or homicide?
Man 1 Man 1	Where did Injury occur? (Specify city or town, county and State)
(Address)	Specity whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVARO	Manner of Injury
Place Cometery moscowbate tet: 11: 192,	Nature of Injury
David & Brat.	24. Was disease or injury in any wey related to occupation of dacaased? 24
19. UNDERTAKER Darton Pad.	If so, spacity
2/12 27 S.A. Brushes	(Signad) Herry Ty. Hodyson M.D.
20. FILED, 19.3	I made.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
MAR 4 1937	154			
Other contributory causes of importance.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			Judeocalia	

AT	OTA A CITA	TODE	WHEN AD RESTREEN	CLEEK A PERSONAL TERROR	73 77	EXTENDING A DE
A TRIPLE PERINGAL.	SPACE.	REDIK	HILL BURE HIRTON	STATEMENTS	PS Y	PHYSHIAN
TEN TO THE TOTAL TEN	DE VECTO	A CAR	T O TO T TYTING	N A A A A A A A A A A A A A A A A A A A	101	T TT T MAY MATERIA

B.

TION is very important. See instructions on back of certificate.

ORD. Every item of infor-

Exact statement of OCCUPA-

15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION OR REMAYAL Place  19. UNDERTAKER (Address)  20. FILED  21. MAIDEN NAME  22. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  Date of injury  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Manner of Injury  Nature of injury  19. UNDERTAKER (Address)  16 so, specify (Signed)  (Signed)  M. D  Registrar.  (Address)  M. D  Registrar.  (Address)  M. D  Registrar.  (Address)  M. D  Registrar.	STATE OF MARYLAND—	CERTIFICATE OF DEATH
Village or City.  Leaph of residence in hity or town where death occurred.  Leaph of residence in hity or town where death occurred.  2. FULL NAME.  (a) Residence: No.  John Market College of Administration of the College of Admini	1. PLACE OF DEATH	(822) IMITS.
Village or City.  Leaph of residence in hity or town where death occurred.  Leaph of residence in hity or town where death occurred.  2. FULL NAME.  (a) Residence: No.  John Market College of Administration of the College of Admini	County alleguny	Registration Dist. No. 0 4
Langth of residence in kity or town where death occurred.  2. FULL NAME.  (a) Residence: No. Control of the con	Village or City ( Sombeland WITH	CNOWLEGIMM & Jacket St W- Ward
2. FULL NAME  (a) Residence: No. John Mark Color of Race  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  S. SINGLE MARRIED, WIDOWED.  So. II married, wildowed, or divored to the wind of the work of the wild of the work of the wor	(1)	f death occurred in a horpital of institution, give its NAME instead of street and number)
(a) Residence: No. Parameter described of Aguardiac of Academy May (1) If nonresident give city or town and State of Aguardiac of Academy Medical Particulars  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR AACE  S. SHINGE, MARRIED, WIDOWED  OR DIVORCED Conviction by 401  53. If married, wildowed, or divorced in Married Color of Conviction by 401  54. If married, wildowed, or divorced in Married Color of Conviction by 401  55. DATE OF BIRTH Month, day, and year Color of Conviction by 401  56. DATE OF BIRTH Month, day, and year Color of Conviction by 401  57. AGE Vers Months Day 1 It LESS than 1 It Less t	Length of residence in city or town where death occurredyrsmos	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED  5. If married, widowed, or divorced widowed, or widowed, widowed, or widowed, widowed, or widowed, widowe	2. FULL NAME Soph Cy Coleman	If U. S. Veteran, specify WAR
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  8. DINCEL MARRIED, WIDOWED  9. DIVORCED Conniction wind  9. DIVORCED Conniction wind  10. DIVORCED CONNICTION  11. Total intercept on the dete stated above, at 1		
3. SEX Wolf of Color or RACE ON DIVIDED Connection without the widow of the widowed or divorced the Wolf of the Color of t	# #	
So. If married, widowed, or divorced HUSBAND (Month) (Day) dean HUSBAND (Month) (Month) (Day) dean HUSBAND (Month) (Month) (Day) dean HUSBAND (Month) (Month) (Day) dean HUSBAND (Month) (Month) (Day) dean HUSBAND (Month) (Day) dean HUSBAND (Month)		
So. If married, widowed, or divorced HUSBORD Color WIFE of WIFE of WIFE of WIFE of WIFE of HUSBORD COLOR WIFE	OR DIVORCED (write the world)	Feb 25 1937
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day.  If LESS than 1 day.  Are redeasion, or particular with 6 may be coccurred on the date stated above, at 2 2 m.  By S. Trade, profession, or particular with 6 may be coccurred on the date stated above, at 2 2 m.  By S. Trade, profession, or particular with 6 may be coccurred on the date stated above, at 2 2 m.  By S. Trade, profession, or particular with 6 m. a silve on 1 day.  S. Trade, profession, or particular with 6 m. a silve on 1 day.  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  Date of onset  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  The Country of Users of importance:  Date of onset  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  The Country of Users of importance:  Date of onset  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  The Country of Users of importance:  Date of onset  S. Arrade, profession, or particular with 6 m. a silve on 1 day.  The Country of Users of importance:  Date of onset  S. Arrade, profession, or particular day.  The Country of Users of importance were so follows:  S. Arrade, profession, or particular day.  The Country of Users of importance were so follows:  Date of onset  S. Arrade, profession, or particular day.  The Country of Users of Industry or Users of importance were so follows:  S. Arrade, profession, or particular day		(Month) (Day) (Mear)
8. DATE OF BIRTIAl month, day, and year 1	HUSBAND of Coleman the Coleman	
TAGE Years Months Days ITLESS than 1 day, hrs. of 1 day, hrs.	D D D	136.4., 10
The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  The PRINCIPAL CAUSE OF DEATH and of Importance were as follows:  The PRINCIPAL CAUSE OF DEATH AND		
S. Trade, profession, or particular stand of work dome, as SPINNER, SAWYER, BOOKKEPPER, etc   SawYer, Bookkepper, Bookkepp		
Sind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.		were as follows:
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  15. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMAYA) Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  20. FILED  21. Secrify  Causes of importance:  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirme	8. Trade, profession, or particular kind of work done, as SPINNER,	2/10.
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  15. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMAYA) Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  20. FILED  21. Secrify  Causes of importance:  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirme	SAWYER, BOOKKEEPER, etc.	West Way 10
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  15. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMAYA) Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  20. FILED  21. Secrify  Causes of importance:  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirme	work was done, as SILK MILL, Jughuvay	
Other Contributory Causes of importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  What test confirmed diagnosis?  Was there an autopsy?  23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?  15. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMAYA) Place  19. UNDERTAKER (Address)  19. UNDERTAKER (Address)  20. FILED  20. FILED  20. FILED  20. FILED  21. Secrify  Causes of importance:  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirmed diagnosis?  Was there an autopsy?  Other Contributory  What test confirme	10. Date deceased last worked at 11. Total time (years)	
12. BIRTHPLACE (city or town)  (State or country)  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (State or country)  18. BURIAL, CREMATION OR REMAYAL  Place  Manner of Injury  Nature of Injury  19. UNDERTAKER  (Address)  18. Decity  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  10. FILED  10. FILED  11. State or country)  11. INFORMANT  12. Manner of Injury  Nature of Injury  (Signed)  (Address)	-   apolicili tilis	Other Contribute Control
13. NAME  14. BIRTHPLACE (city or town)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMAUAL  Place  Manner of injury  Date  19. UNDERTAKER  (Address)  20. FILED  20. FILED  20. FILED  20. FILED  21. A BIRTHPLACE (city or town)  Manner of operation  Name of operation  Nation  Name of operation  Name of operation  Name of operation  Nation  Name of operation  Name of operation  Nation  Name of operation  Name of operation  Name of operation  Nation  Name of operation  Nation  Name of operation  Name of operation  Name of operation  Name of	12. BIRTHPLACE (city or town) Mulkurd	Other Controllery Causes of Importance.
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR REMAYAY  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  11. Maiden NAME  12. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	(State or country)	Hypulineir
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR REMAYAY  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  11. Maiden NAME  12. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	13. NAME John & Caleman	1/1/
What test confirmed diagnosis? Was there an autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  17. INFORMANT  18. BURIAL, CREMATION, OR REMAYAY  Place  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. FILED  11. Maiden NAME  12. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Date of injury	4 14. BIRTHPLACE (city or town) Millary	Name of operation
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMAYAL  Place Michael Company Date 18 7 Nature of injury  19. UNDERTAKER (Address)  24. Was disease or Injury In any way related to occupation of deceased?  (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  Nature of injury  19. UNDERTAKER (Address)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	(State of country)	What test confirmed diagnosis? Was there an autopsy?
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Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMAYAL  Place Michael Company Date 18 7 Nature of injury  19. UNDERTAKER (Address)  24. Was disease or Injury In any way related to occupation of deceased?  (Address)  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  (Address)  Manner of Injury  Nature of injury  19. UNDERTAKER (Address)  (Address)  (Signed)  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	6 16. BIRTHPLACE (city or town) Maybean	Accident, suicide, or homicide?Date of injury19
17. INFORMANT ACCEPTANT ON THE PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMAYAL Place Michael Command Comma	(State or country)	Where did injury occur?
18. BURIAL, CREMATION OR REMAYAL  Place Muscland Comm. Date Fell II., 1877  Nature of injury  19. UNDERTAKER (Address)  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  Registrar.  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	17. INFORMANT MISS & G. Coleman	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Place Midland Com. Date Fell 7. 1877  Nature of injury  19. UNDERTAKER (Address)  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  Registrar.  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)		
19. UNDERTAKER (Address)  24. Was disease or Injury In any way related to occupation of deceased?  If so, specify  (Signed)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)	21 11/6/- / 5/207 7	Manner of Injury
(Address) Cumple land  16 so, specify  (Signed) P. P. Barrer M. D.  Registrar. (Address) Cumple M. D.  (Address) Cumple land M. D.	Practice Date Date Date Date Date Date Date Dat	Nature of injury
20. FILED 768. 74, 19 3 > De Jos & Dehle (Signed) P. Plane M. D. Registrar. (Address) Cumbuland M. D.		
20. FILED . 20. 19. 2. Registrar. (Address) Cumbuland Mid.	(Addressy Cumperland	11 1936
	20, FILED 766. 26, 1933 Pages 8. Frankley	
If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

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Example I		Example II			
The principal cause of death and related caus of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
2157717 V 12	200				
Other contributory causes of importance:	er er granter	Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

1. PLACE OF DEATH			(3)				
County Allegany			Registration Dist. No. 6				
Village or City West	ernport		No	Ward			
without as wheel in city or town where	daeth occurrad	(If yrsmos	death occurred in a hospital or institution, give its NAME instead of street and numds. How long in U.S. if of foreign birth?yrsmos	aber)			
2. FULL NAME Melinda	E. Conr	ad	If U. S. Veteran, specify WAR				
(a) Residence: ND.	(Usual place	of abode)	St., Ward.  If nonresident give city or town and Ste	ate			
PERSONAL AND STATIST	TICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH				
3. SEX 4. COLOR OR RACE White		RRIED, WIDOWED, D (write the word)	21. DATE OF DEATH Fe b. 45  (Month) (Day) (Year)				
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Henry Conr	ad		22.y I HEREBY CERTIFY. That I attended dec	caused from			
6. DATE OF BIRTH (month, day, and year) Au	g. 31 18	367	1 last saw h. C. T. alive on J. J. 15 1937;	death is said			
7. AGE Years Months	Days	1 dey,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset			
8. Trade, profession, or particular kind of work done, es SPINNER, H. SAWYER, BOOKKEEPER, etc	ouse wit	fe	aute myocordie	45/37			
Solver of the second of the se							
10. Date deceased last worked et this occupation (month and year)	Spe Spe	tima (years) ent in this upation					
12. BIRTHPLACE (city or town) (State or country)  Maryland			Other Contributory Causes of importance:  Out the Selection for the send of the selection of the send	1930			
🖫 13. NAME Joseph War	nick			***********			
13. NAME Joseph Warnick 14. BIRTHPLACE (city or town) (State or country)  Maryland			Name of operation 2000 Dete of				
15. MAIDEN NAME Sara P	augh		23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:				
15. MAIDEN NAME Sara Paugh  16. BIRTHPLACE (city or town) Waryland  (State or country)			Accident, suicide, or homicida? Dete of injury Where did injury occur?				
17. INFORMANT Mrs. Audry Gay (Address) Winchester. Va.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	Ĕ.			
18. BURIAL, CREMATION, OR REMOVAL Place Bloomington Md Date Feb 17 19 37			Manner of injury				
19. UNDERTAKER %. N. Fedlock  (Address) Piedmont W. Va.			24. Wes disease or injury in any way related to occupation of deceased?				
20. FILED Del. 17 1937 Up	eagur .	Registrar.	(Signed) PEBerry (Address) P. Edmont W. V.	M. D.			

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Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

should state item of inforof OCCUPA-

PHYSICIANS Exact statement

stated EXACTLY. properly classified.

AGE should be

supplied.

pe

V. S. No. 1 m

1. PLACE OF DEATH	OI MAIN	ILAND	CLIVIII	- (97)	OF DEA		
County Allega	ny				Registration	Dist. No. 6	
Village or City Western		ryland () yrsmos	ND. 32 f death occurred in a ds. How	hospital or institut	yland Avion, give its NAME foreign birth?	instand of street on	Ward number)
2. FULL NAME Patric (a) Residence: No. 320 Ma.	k Cullen	ve.	If (		specify WAR		
PERSONAL AND STATIS			М	EDICAL CI		OF DEATH	or Division
3. SEX 4. COLOR OR RACE White	5. SINGLE, MAR OR DIVORCE WILDO	RRIED, WIDOWED, D (write the word) W C Q	21. DATE OF	F DEATH Feb	ruary (Month)	I3	, 193
5a. If married, widowed, or divorced HUSBAND of Catherin	e Cullen		22. Feb- 1.	3	1	Y. That I attende	
6. DATE OF BIRTH (month, day, and year)	Dont Kn	WO	I last saw h. 1.27	Dedd	Fer. 1.	3 193	7_; death Is said
7. AGE Years Months About 78	Deys	If LESS than 1 day,hrs. ormin.	The state of the s		d ebove, etd H and related cause		Date of onset
8. Trede, protession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPPER, etc	and	time (years) nt in this upation		4 - WA Piedo Bufor Causes of Impo	s Seen nonx w.		ra/
13. NAME Patrick Cul  14. BIRTHPLACE (city or town)  (State or country)	I 7	nd	Name of operation		ne_	Dete of	
15. MAIDEN NAME DONT KNOW  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Mrs. Homer Patrick (Address) Westernport. Md.			23. If death wes du Accident, suicide, Where did injury	e to external ceu or homicide? occur?	Ses (VIOLENCE) file	Was there all it in also the follow Dete of Injury	ing: No
18. BURIAL, CREMATION, OR REMOVAL St Place Westernport,	. Peters	. I6 <sub>19</sub> 3'	Menner of injury  Nature of injury	_			
19. UNDERTAKER Joseph A.  (Address) Piedmont V		a mail	24. Was disease or  If so, specify (Signed)	Injury in eny wa	Burry	ation of deceased?_	710 M. I
20. FILED - 16, 1937 19	Juna	Registrar.	(Addr	ess)	edno	ux w.	

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V. S. No. 1 N. B. CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA-

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1218
1. PLACE OF DEATH	ER LIMITS OF (131)
County Clegary WININ CORPOR	Registration Dist. No. 9
Village or City The Illy 9 Mol.	NoSt Ward
Length of residence in city or town where death occurredmos	death occurred in a hospital or institution, give its NAME instead of street and number)
7 + 00 11	J
2. FULL NAME Amolly G. Gulle	If U. S. Veteran, specify WAR
(a) Residence: No. 48 MAGE (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
male white Prince (write the mord)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	The state of the s
(or) WIFE of Budget Donahue	HEREBY CERTIFY, That attended deceased from
6. DATE OF BIRTH (month, day, and year) Com. 5 - 1858	I last saw by alive on 3, 193 death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, a G & P m.
18 2 /3   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
V 8 Trade profession or particular	Charis musicardite Date of oneet
kind of work done, as SPINNER, Coal Infrare	Chronic Rephiete (
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	arterio Seleisso
SAW MILL, BANK, etc	
this occupation (month end spent in this occupation	
12. BIRTHPLACE (city or town) Westernesser t	Other Contributory Causes of importence:
(State or country)	
13. NAME Orles Cullers	
13. NAME John Cauffery 14. BIRTHPLAGE (Gity or town)	Name of operation Date of
(State or country)	What test confirmed diagnosis? Len 1 Was there an autopsy? 22
15. MAIDEN NAME Clinabeth of Toole	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury,19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Anguettay Coullen	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	
Place St. Mulial la Date Deb. 16 1937	Manner of injury
011011	Nature of injury
19. UNOERTAKER (Address) Foresthard Van	24. Was disease or injury in any way related to occupation of deceased?
200 - 22 4 1/10 2	(Signed) WOM C State M. O.
20. FILEO Set 15, 193) f. Mary I marley	(Address) The Add and
A / - SO COST	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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11.—The number of years the deceased followed the occupation.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	100 (45) 10	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenterilis	1 year
And Andrews			

V. S. No. 1

STATE	OF	MARYI	AND-	CERTIE	CATE	OF	DEATH
JINIL	OI	MALL	MIND	CLIVIII	ICAIL	OI	DEATH

1219

2. FULL NA	4 -	C. Lumingles	ds. How long In U.S. if of foreign birth yrsmos	
(a) Residen	e: No. 413	(Usual place of abode)	St, 6-4 Ward.  If nonresident give city or town and State	
PERSON	AL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
Male Thale	4. COLOR OR RACE	5. SINGLE, MARRIED, WIOOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) , 193	Year
5a. If marriad, widow HUSBAND of (or) WIFE of	Leugle		22. TI HEREBY CERTIFY, Thet I attanded daced	sed 19₹
7. AGE Yaa	9 1	0ays   If LESS than 1 day,	to have occurred on the data stated above, et	oth is
SAWYER, 9. Industry or work was SAW MIL 10. Oate dacaese this occu	sion, or particular ork done, as SPINNER, BOOKKEPER, etc susiness in which dona, as SILK MILL, L, BANK, etc	11. Total time (years) spent in this occupation	Tuberenlos !	
12. BIRTHPLACE (clt (State or coun		chigan	Other Contributory Causes of Importance:	
14. BIRTHPLACE (State or		Iseland	Neme of operation	sy72
15. MAIOEN NAI	(city or town)	Michigan	23. If death was due to external causes (VIOL ENCE) fill In also the following:  Accident, suicide, or homicide? Date of injury,  Where did injury occur?(Specify city or lown, county and State)	19
17. INFORMANT(Address)	ON, OR REMOVAL	land Na	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury	*********

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I Example II The principal cause of death and related causes Date of onset The principal cause of death and related causes Date of onest of importance were as follows: 6 1934 of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis Run over by street car 1921 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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	for-	tate	PA-		
/	WRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-		
	em c	hou	Ö		
	y it	S	it o		
	Ever	MAI	men		
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	OR	PHY	ict s		8
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V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 1220
1. PLACE OF DEATH	CORPORATE LIMITS.  Registration Dista No. 4
County / Marcon City	Hillega Chapter III
	death occurred in a hospital or institution, give its NAML instead of street and number)
Length of rasidenca in city or town where death occurredyrsmos.	ds. How long In U. S. if/of foralgn birth?yrsds.
2. FULL NAME 10 10 10 10 10 10 10 10 10 10 10 10 10	If U. S. Veteran, specify WAR
(a) Residence: No 331 Thanks	St., 4 % Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write tha word)  Nale Colored Name OR DIVORCED (write tha word)	21. DATE OF DEATH  F. W., 27-, 193 7.  (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Josa Navis	22. I HEREBY CERTIFY, That I attended deceased from 2-23-37 19 to 2-27-37.19
6. DATE OF BIRTH (month, day, and year) Oct 12 18 70	I last saw harm alive on 2-27-37, 19; death is said
7. AGE Years Months Days It S than I day	to have occurred on the date stated above, at 12/30 A.
66. 7 / 5 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER. Httending Turnach	Coute Interview Obstruction 2-21-3;
A Industry or business in which	Mot due to casely & tout conside from
kind of work done, as SPINNER. Attending Turnach SAWYER, BOOKKEEPER, atc. Attending Turnach SAWYER, BOOKKEEPER, atc. Attending Turnach work was done, as SILK MILL. Offers to plot the SAW MILL, BANK, etc.  10: Data deceased last worked at 11. Total man in this count in the SAW MILL, Bank, etc.  10: Data deceased last worked at 12.7 11. Total man in this count in the SAW MILL.	old tubereulous peritonistis.
10: Data deceased last worked at this occupation (month and 1 37 spent in this occupation occupation)	Certif Q.
11)ilainat	Other Contributary Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	
13. NAME William Davis	
14. BIRTHPLACE (city or town)	Name of operation 720ne a Date of
(State of country)	What test confirmed diagnosis? The Toly Was there an autopsy? 400
16. BIRTHPLACE (city or town)	23. If death was dua to axtarnal causas (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
Man Range 190 - 31	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / 100 / 10	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Limite Clim Date 1931	Nature of injury
19. UNDERTAKER 2. S. Buller	24. Was diseasa or injury in any way related to occupation of deceased? 200
(Address) Curreland Md	If so, spacify
20. FILED MCh. 1, 19 31. Dr. J. V. Frank Registrar.	(Address) 5 P. Mechania A.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July5,1927	Peritonitis	3 days ago
ATTRICAL V. S. L			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1 B should state

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1221
1. PLACE OF DEATH	159
County all grown	Registration Dist. No. 6
Village or City Westernhood	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Francis Parol	Tawsoner. S. Veteran, specify WAR
(a) Residence: No. 3 a 4 Shoul	St. Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (wint the word)	21. DATE OF DEATH  EB (Month)  (Dey)  (Yeer)
5e. If merried, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended decessed from Feb. 28 1937 to Feb. 28 1937
6. DATE OF BIRTH (month, dey, and year) Feb > 8,1937	I last saw h. i.m. elive on Feb. 28 , 1937; deeth is said
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, at 2 Pm.
l day, Chrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of importence were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Premoture Delivery -
9. Industry or business in which	read of the congression
work was done, as SILK MILL, SAW MILL, BANK, etc	5'12 Mouths
11. Total time (years) this occupation (month and year)	
12. BIRTHPLACE (city or town) Westenhot	Other Contributory Causes of Importance:
(Stete or country)	-
14. BIRTHPLACE (city or town). Westque hast	
(Stete or country)	Name of operation
	What test confirmed diagnosis? Wes there en eutopsy?  23. If death was due to externel causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Scholdene Wilt  16. BIRTHPLACE (city or town) Western port	Accident, suicide, or homicide?
(State or country)	Where did injury occur?
17. INFORMANT Lucies Cause of Mid	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Menner of Injury
Plece Parkballen PKast. 1, 193/	Neture of injury
19. UNDERTAKER 1-5. Bral	24. Was diseese or injury in eny wey releted to occupetion of deceased?
(Address) Burton mu.	If so, specify O R DA/-1
20. FILED Mich 1, 193 Ff Fayinha for min	(Signed) Gand M. D.
Regismar.	(Address) Piedmont, Wald

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If LESS than

I day, \_\_\_\_hrs.

or .... min.

(or) WIFE of

Vears

8. Trade, profession, or particular

9, Industry or business in which work was done, as SILK MILL, SAW MtLL, BANK, etc....

10. Date deceased last worked at

(State or country)

15. MAIDEN NAME

14. BIRTHPLACE (city or town).

16. BIRTHPLACE (city or town) (State or country)

18. BURIAL, CREMATION, OR REMOVAL

(State or country)

13. NAME

17. INFORMANT

19. UNDERTAKER

(Address)

(Address)

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SAWYER, BOOKKEEPER, etc ...

this occupation (month and

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11. Total time (years)

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No.

in

DEATH

(Year)

Date of onset

Name of operation\_\_\_

What test confirmed diagnosis?. ----- Was there an autopsy?\_ 23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?\_\_\_\_\_\_\_Date of injury\_\_\_\_\_\_19\_

and related causes of importance

Where did injury occur?\_\_\_ (Specify city or town, county and State)

Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE,

Manner of Injury

Nature of injury.

24. Was disease or injury in any way related to occupation of deceased?\_\_\_\_

If so, specify

(Address)

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Registrar.

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The state of the s			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# STATE OF MARYLAND-CERTIFICATE OF DEATH

should state

PHYSICIANS

stated EXACTLY. A PERMANENT

MARGIN RESERVED FOR BINDING

UNFADING INK-THIS

AGE should be

supplied.

mation should be carefully -WRITE PLAMLY

DR. LAMICH

V. S. No. 1

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

URD. Every item of infor-

Exact statement of OCCUPA-

		ITC	
ALLEGANY	COR	PORATE LIMITS Registration Dist. No. 4	
ty CUMBER	LAND WITHIN	No. MEMORIAL HOSPITAL 88,6	-6 Ward
ence in city or town where			
ME GEORGE E	ARLE	If U. S. Veteran, specify WAR	
e: No. 1308	LEXINGTON AVE.	5.6-5 ward.	
AL AND STATIST		The second secon	id State
WHITE	OR DIVORCED (write the word) MARRIED	FEBRUARY 8, (Month) (Day)	, 193 <mark>7</mark> (Year)
	RANT	1 / 20 25 Lot 0	d deceased from
nonth day and year)	1910,20 1806	1 ) 21 . 2 - 2	Z. : death Is said
	Days If LESS than	to have occurred on the data stated above, al.2:40Pm.	
/	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importanca were as follows:	Date of onset
sion, or particular			abust
BDDKKEEPER, etc	Fireman	Endo Caroulis Ciento	- 1/2237
done, as SILK MILL.	& O R.R.		
d last worked at atlant months and	11. Total time (years) spant in this occupation		
or town) Bann	nsmich	Other Contributory Constitution transfer the	2537
**	Ind.	- Bermania Groneho	tex 1-3,
A.S. S. And Market S. Market S. And S	and a second	Coul hephiles	124-3
(411) 01 101111/	LAND	(00. 0	
	YNN		
VID			
		Where did injury occur?	
MARGARET E	ARLE	(Specify city or town, county and St Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC F	ate) 'LACE.
ON OR REMOVAL	1 61 1 -	Mannar of Injury	
elevery lus	Date HL 10 , 1937	Nature of injury	
mio Ste	In Ime	24. Was disease or injury in any way related to occupation of deceased?	ho
. 9,1037.2	in J. P. Frank Registrar	(Signed) Carnah (Address) Chamberland	m. D.
	ty CUMBER  tence in city or town where  ME GEORGE E  te: No. 1308  AL AND STATIST  4. COLOR OR RACE WHI TE  ted, or divorced  MARGARET G  month, day, and year)  s Months  sion, or particular ork done, as SPINNER, BDDKKEEPER, etc. usiness in which done, as SILK MILL, BANK etc. d last worked at atlon (more and try)  ROBERT H.  (city or town) IRE country)  MARGARET E  QN, OR REMOVAL  ON, OR REMOVAL	dence in city or town where death occurred /3 yrs	MEMORIAL HOSPITAL  (If death occurred in a horpital or institution, give it in NAME instead of street and ence in city or town where death occurred.  MEGEORGE EARLE  (If U. S. Veteran, specify WAR.  (Usual place of abode)  AL AND STATISTICAL PARTICULARS  4. COLOR OR RACE  (Usual place of abode)  AL AND STATISTICAL PARTICULARS  4. COLOR OR RACE  (Wind place of abode)  MARGARET GRANT  (Out divorced  MARGARET GRANT  (Nonth)  Days  If LESS in the control of the data stated above, all 2: 40Pm.  In particular or main.  In particular o

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Example I		Example II	
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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1 B. ż

County Village or City No. (If death occurred in a hospital or institution, give its NANE instead of street and number)  Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos.  2. FULL NAME  (a) Residence: No. Marcian St. (Usual place of abode)  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)  The MISBAND of (or) WIFE of  6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Pays  It LESS than 1 day, hrs.  The PRINCIPAL CAUSE OF DEATH end releted causes of importence	SIAIL OF MAP	KYLAND—	CERTIFICATE	OF DEATH	Hart The
Village or City  Length of residence in city or town where death courted  Length of residence in city or town where death courted  Length of residence in city or town where death courted  Length of residence in city or town where death courted  Length of residence in city or town where death courted  Length of residence in city or town where death courted  Length of residence in city or town where death courted  Length of residence in city or town where death courted  Length of residence in city or town where death courted  Length of residence in city or town where death courted  Length of residence in city or town where death courted  Length of residence in city or town where death courted  Length of residence in city or town and State  PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARRIED, WIDOWED  OR DIVORCEO Cring the gord)  So. If merried, widowed, or divorced  HISSAND of Control of Contr		,	100.00	Desired at the Dist. N	9
Length of residence in city or town where death secured yrs. mos.  2. FULL NAME  (a) Residence: No.	2 4///	CO CO		Registration Dist. No.	
Length of residence in city or town where death secured yes a moss of the low long in U. S. if of foreign birth? yes moss	Village or City	H)		tion, give its NAME, instead of st	St., Ward
(a) Residence: No	Length of residence in city or town where death ccurred				
(a) Residence: No	2. FULL NAME	DE MAN	If U. S. Veteran	specify WAR	
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  5. SINGLE, MARKIED, WIDOWED, ORD IVORCED (write the word)  7. ACE  7. ACE  8. Trade, profession, or particular kind of work done, as SPINNER, SAWRED, WIDOWEP, SAWRED,	- 1 -	7. 1		opoon, management	
3. SEX  4. COLOR OR RACE OR DIVORCED (winch the word)  5e. If merited, widowed, or divorced HUSBAND of (or) WIFE of  5. ACE  7. ACE  7. ACE  7. ACE  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPR, etc.  9. Industry or business in which was done, as SIK MILL,  10. Date deceased list worked at year)  10. Date deceased list worked at year)  11. Total time (vers) (State or country)  12. BIRTHPLACE (city or town) (State or country)  13. MANE  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR PRINOVAL Place  7. ACE  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPR, etc.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPR, etc.  9. Industry or business in which were as follows:  9. Industry or business in which year)  Other Captribatory Casess of Importance:  10. Date deceased list worked at year)  11. Total time (vers) year)  12. BIRTHPLACE (city or town) (State or country)  13. MANE  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE  17. INFORMANT  18. BURIAL, CREMATION, OR PRINOVAL Place  7. ACE  7. ACE  7. ACE  7. ACE  8. Trade, profession, or particular house of injury house did injury occurred in linguing.  ACE  8. Trade, profession, or particular house of injury house did injury occurred in linguing.  ACE  8. Trade, profession, or particular house of injury house did injury occurred in linguing.  ACE  8. Trade, profession, or particular house of		ce of abode)	OL,waru.	If nonresident give city or to	own and State
Se. If merried, widowed, or divorced HUSBAND (Month) (Dey) (Wonth) (Dey)	PERSONAL AND STATISTICAL PART	TICULARS	MEDICAL C	ERTIFICATE OF DE	ATH
Se. If merried, widowed, or divorced HUSBAND of (or) WHE occurred on the date stated above, at A. A. M. M. J. A. M.			21. DATE OF DEATH	III 74	4 3 4
See   I merried, widowed, or divorced   HUSBAND   See   I merried, widowed, or divorced   HUSBAND   See   I merried, widowed, or divorced   HUSBAND   See   I safe, or   I s			/-	(Month) (Dey)	193(Year)
6. DATE OF BIRTH (month, day, and year)  7. AGE  Years  Months  Days  If LESS than 1 day, hrs. of min.  S. Trade, profession, or particular kind of work done, as SPINRR, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAWYER, BOOKKEPER, etc.  10. Date deceased last worked at this occupation (month and year)  Cistate or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR BYMOVAL  Place  Date Table 10.  Date deceased in Industry of the country of injury  Menner of injury  Nature	5e. If merried, widowed, or divorced				
T. AGE  Vears  Months  Days  If LESS than  I day, hrs.  or min.  The PRINCIPAL CAUSE OF DEATH end releted causes of importence were as follows:  Were as follows:  Park this occupation (month and year) year)  Other Captribetory Causes of Importance:  12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BIRTHPLACE (city or town) (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT (Address)  18. BURIAL, CREMATION, OR REMOVAL Place  Date of Lagrange and State or injury  Nature of injury  Nat		ans -	22. HEREBY	CERTIFY, Thet Is	attended deceased from
7. AGE Years Months Days If LESS than I day. hrs. or min.  8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKEFPER, etc.  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and year)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR PEMOVAL  Place  Date of Lagrange of Industry or injury  Nature of injury	man 1	0-1872	Llast saw h Q.4 alive on	Fol 23	10 Z De double sole
8. Trade, profession, or particular kind of work done, as SPIANER, SAWYER, BOOKEFPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this occupation (month and year)  12. BIRTHPLACE (city or town).  (State or country)  13. NAME  14. BIRTHPLACE(city or town).  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town).  (State or country)  17. INFORMANT.  (State or country)  Whet test confirmed diagnosis?  18. BURIAL, CREMATION, OR PEMOVAL  Place  Date Table 27. 19 37.  Nature of injury		If LESS than		. 7/14	19 J/-, Geath 15 Said
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc  9. Industry or business in which work was done, as SPINNER, SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and year)  (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE(city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date 711  Place  Date 711  Augustive of injury  Menner of injury  Nature of injury  Menner of injury  Nature of injury  Menner of injury  Nature of injury	14 9 5	1 day,hrs.	The PRINCIPAL CAUSE OF DEAT		nce
kind of work done, as STRINER, SAVYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BARK, etc.  10. Date deceased last worked at instruction (State or country)  12. BIRTHPLACE (city or town)  (State or country)  13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Date  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Da	8 Trade profession or particular	ormin.	were as follows:	MP+Fo-	Date of onset
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Other Cantributory Causes of Importance:    12. BIRTHPLACE (city or town)	SAW MILL, BANK, etc.			****	1930
12. BIRTHPLACE (city or town)   Citate or country)   13. NAME   14. BIRTHPLACE (city or town)   Citate or country)   15. MAIDEN NAME   16. BIRTHPLACE (city or town)   Citate or country)   16. BIRTHPLACE (city or town)   Citate or country)   17. INFORMANT   Citate or country   18. BURIAL, CREMATION, OR REMOVAL   Place   Date   D	- this occupation (month and	time (years) pentin this			
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13. NAME  14. BIRTHPLACE (city or town)  (State or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)  17. INFORMANT  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  The place of the place		they	(Y//	( A	4
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Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.  (Address)  18. BURIAL, CREMATION, OR REMOVAL  Place  Date  Dat	[ 16. BIRTHPLACE (city or town)		Accident, suicide, or homicide?	Cegan Dote of injury	Nue 9, 1932
(Address)  18. BURIAL, CREMATION, OR REMOVAL Place Transparence Date Transparence Nature of injury Nature of	(State or country)	10.	Where did injury occur?	Specify city or town counts	mg
18. BURIAL, CREMATION, OR REMOVAL Place Trolling Date Fel 27, 1937 Nature of injury Fel grant Place	17. INFORMANT John Bours		Specify whether Injury occurred i	n INDUSTRY, In HOME, or in PU	BLIC PLACE.
Place Fronting Date Feb (27, 1937) Nature of injury Front Pt (29)		terry ma.	10	June 1	1
CALA X	4 11 1	1/77 .30	Menner of injury	(gn Thy	1 gues
19. UNDERTAKER 24. Wes disease or injury in any way related to occupation of deceased? 10.	Place Date	- (-n-j, 192-j	Nature of injury	4 11/	29
	19. UNDERTAKER DE TOTAL		24. Wes disease or injury in any w	ay related to occupation of decer	ased?
(Address) ( ) Thurs made If so, specify	(Address)	of mod	201	A-ON	0 3
20. FILED. Deb 26, 1937 many Danley (Signed)	20, FILED Date 26, 19 37 mong	1) manley		1111 for	M. D
If more blanks are needed, address State Registrar, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	104	d de		- pole my - John Mandaga - plant	a.6.1.2.d.

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	Example 1	. 9	Example II	
The principal cause o of importance were as	f death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	PACE - SPAN	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis 600	1921	Run over by street car	1 week ago
Cerebral hemorrhage	MUNCAU V. S	July 5, 1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
				4 - 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

BINDIN

RESERVED

MARGIN

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

# ORD. Every item of infor-PHYSICIANS should state of OCCUPA. Stated EXACTLY. PHYSICIAN. UNFADING INK-THIS IS A PERMANENT R FOR BINDING MARGIN RESERVED mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be WRITE PLAINLY, WI

V. S. No.

STATE	OF	MARYL	AND-	-CERT	IFICA	TE	OF	DEAT	Γŀ

1. PLACE OF DEATH		79-0	
County Allegany	***************************************	Registration Dist. No.	4
Village or City barry	(11	THINO. MILLARY HOLDER STREET OF Institution, give its NAME instead of street	
Length of residence in city or fown where death	occurredyrs,mos	ds. How long in U.S. ico foreign birth?yrs	mosds.
2. FULL NAME Shieley on	Fraler	If U. S. Veteran, specify WAR	
(a) Residence: No. 270	Armed	St. 6-2/Ward.	
(4) 110011001100	(Usual place of abode)	If nonresident give city or town	n and State
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEAT	Н
Hmph White	SINGLE MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 14 (Month) (Day)	, 193 (Year)
5a. If married, widowed, or divorced HUSBAND of	0	22. I HEREBY CERTIFY, That I atte	nded desented from
(or) WIFE of		2 5 ,19.37, to 2 - 14	
6. DATE OF BIRTH (month, day, and yeer)	1. 5 1027	I last saw h alive on Z 14 ,19	/
7. AGE Years Months	Days If LESS than		
	I day,hrs.	to heve occurred on the date stated above, at 1/7-m.  The PRINCIPAL CAUSE OF DEATH and releted causes of importance	
8. Trade profession or particular	ormin.	were as follows:	Date of onset
8. Trade, profession, or particuler kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc.	ml.	Human T.	0 -103
9. Industry or business in which	·	see la la	2-140
kind of work done, es SPINNER, SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc  1D. Date deceased last worked et this occupation (month end		15 Marianos	
ID. Date deceased last worked et this occupation (month end year)	11. Total time (years) spent in this occupetion	infect of Acres	2.123
0	,	Dther Contributory Causes of imfortance:	
12. BIRTHPLACE (city or town) (State or country)		Intestinal Inhora	
13. NAME Edward Fra	1		
E	30.	diarrhaed; more of a pratin real	
4 14. BIRTHPLACE (city or town)	and.	Name of operation	
	111	What test confirmed diagnosis? Was ther	
IS. MAIDEN WAME CIPINAL AT	arve.	23. If death was due to external causes (VIDLENCE) fill in also the foll	
15. MAIDEN NAME CArrice 16. BIRTHPLACE (city or town) (Stete or country)	£ 1/21.	Accident, suicide, or homicide? Date of Injury	, 19
(State of County)	1	Where did injury occur?(Specify city or town, county an	d State)
17. INFORMANT Arasa t	nley	Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBL	IC PLACE.
(Address) Combanda 18. BURIAL, CREMATION, OR REMOVAL	nd .		
Place Selloush and	ato 2/16 1037	Manner of injury	
0/ . [+ ]	0	Nature of injury	
19. UNDERTAKER Lomo Stems	Ine.	24. Was disease or injury in any way related to occupation of decease	d?
(Address)	whend	If so, specify	
20. FILED Tel. 15,1937. DV.	J. J. Frankl	(Signed)	M. D.
	Registrar.	(Address) / sandaslan	A. Pland

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Torrest VED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1027	July 5, 1927	Peritonitis	3 days ago
Company of the St.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

supplied.

properly classified.

certificate.

Every item of infor-

JRD.

19. UNDERTAKER

(Address)

md

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1297
1 PLACE OF PEATH	CERTIFICATE OF DEATH
1. PLACE OF DEATH	CORPORATE LIMITS. Registration Dist. No. 4
County alleganing	CORPORTOR Registration Dist. No.
Village or City Cush Certain	No. 435 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredmos.	ds. How long In U.S. if of for gn blrth?yrsmosds.
2. FULL NAME Margaret Ellen	antoir U. S. Veteran, specify WAR
(a) Residence: No. 435 Vicenia and (Usual place of abode)	St.,6 7 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Female White Wislam)	21. DATE OF DEATH  (Month)  (Day)  (Year)
Sa. If married, widowed, or divorced HUSBAND of (or) WIFE of Henry Franks	22. I HEREBY CERTIFY, That I attended deceased from 1937, to 1937,
6. DATE OF BIRTH (month, day, end year) 0 17. 18 48	I last saw h
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et\$1.5.0 m.
89 4 / 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted ceuses of Importance werp-ss follows:
9 Trade profession or particular	Date of onset R-13-37
A. Hede, processing, or particular,	
10. Date deceased last worked et this occupation (month and year) 11. Total time (years) spent in this occupation 5.0	
12. BIRTHPLACE (city or town) Mayswill (State or country)	Other Coatributory Causes of Importance
The state of the s	
13. NAME Crock of awk	
14. BIRTHPLACE (city or town) May will (State or country)	Name of operation Dete of Was there an autopsy?
15. MAIDEN NAME Sarah Raed	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
17. INFORMANT My M. Y. Barnson.  (Address)	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL	Manner of injury
Place of externitory model Tet 2/ 1937	Neture of injury
0 / 1 2 1 2	

Registrar.

If so, specify

24. Was disease or injury in any way related to occupation of deceased?

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.-The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	and the second s	Example II	
The principal cause of death and relate of importance were as follows:	ed causes. Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	6 1937 1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
51115	V. 1		
	young the second		
Other contributory causes of important	ce:	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

AGE should be

supplied.

mation should be carefully

TION is very important.

20. FILED man. 1st 19

properly classified.

CAUSE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

of OCCUPA-

Exact statement

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	131
County Celledaus	Registration Dist. No. 12
Village or City Phint Dans	No. St., Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos.	2 ds. How long in U.S. If of foreign birth?yrsmosds.
2. FULL NAME Douglas Graham	
(a) Residence: No. Chidland }	ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE OR DIVORCED (write the word) What Orbital	21. DATE OF DEATH 76. 2 7 7 193.7  (Month) (Day) (Year)
5a. If married, widowed, or diversed HUSBAND of (or) WIFE of Colin wheth & dwards	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h sell alive on 2 1 2 b th 1937; death is said
7. AGE Years   Months   Days '   If LESS than	to have occurred on the date stated above, at 5-30A.m.
69 6 2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
Trade profession or particular	were as follows: Date of onset
Nind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Charries Istustated
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (mogthwait) Spant in this spant in this	nephroles 9/1/36
SAW MILL, BANK, etc.	
year) occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
(State or country) If and and	
13. NAME Janelal desaham	
14. BIRTHPLACE (city or town)	Name of operation
(State of County)	What test confirmed diagnosis? Was there an aulopsy?
15. MAIDEN NAME JA ract / Chertson	23. If death was due to external causes (VIOL ENCE) fill In also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(State or country)	Where did Injury occur?
17. INFORMANT LA LA LA LA Character Hawke	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Illegany Clinity Date / Carch 1, 1937	Nature of injury
mit of the hours	24. Was disease or injury in any way related to occupation of deceased? Low
19. UNDERTAKER  (Address)	If so, specify
The state of the s	The View Of The The

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 5 1937	July 5,1927	Peritonitis	3 days ago
SURFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND	-CERTIFICATE OF DEATH
1. PLACE OF PEATH	131) DATE LIMITS.
County Alleganny.	Registration Dist. No. 4
Village or City lossensterland	No. 416 marriand me 5-2 Ward
Length of residence in city or town where death occurred # O_yrs	(If death occurred in a hospital or institution, the its NAME instead of street and number)  mosds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Francis Palnick !	Grandy If U. S. Veteran, specify WAR
(a) Residence: No. 416 and and	St 75-2 Ward
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SHYGLE, MARRIED, WIDOWED, OP DIVORCED (qurite the word)	
5a. If married, widowed or divorced HUSBAND of Cor WIFE of Many Ellen Blesson	22. THEREBY CERTIFY That attended deceased from
6. DATE OF BIRTH (month, day, end year) Septh 26 187	8 I last saw h Modive on Ored. 23 1937; death is said
7. AGE Years Months Deys If LESS than	
58 4 29 1 day,min.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, bondactive SAWYER, BOOKKEEPER, etc	asule deliption hear 1/4/3
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at this occupation more hand this occupation more hand year)	
12. BIRTHPLACE (city or town) Santing (State or country)	Other Contributory Canada of Importances Cary Restauration?
13. NAME John Graney	
14. BIRTHPLACE (city or town)	Name of operation Date of
(delice of country), Succession	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME some of langar	23. If death wes due to external ceuses (VIOL ENCE) fill in also the following:
15. MAIDEN NAME Anne Flanagan  16. BIRTHPLACE (city or town) Inaftit A  (State or country)	Accident, suicide, or homicide? Date of injury19
(State or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Sasa Jonny & Branly (Address) Comparland	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Place State Letter & Combo Star 3-27 193	Manner of injury
J . P.4 . 0	Nature of injury.
19. UNDERTAKER Arma Stern Gro.	24. Was disease or injury in any wey related to occupation of deceased?
20. FILED 7 st. 26, 1957 Dr. J. B. Dentle:	(Signed) Charles M. D. (Address) Charles Constitution M. D.
Registrar.	rar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis AR 0	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state ORD. Every item of infor-

stated EXACTLY. properly classified.

See instructions on back of certificate.

TION is very important.

Exact statement of OCCUPA.

MARGIN RESERVED	N. B.—WRITE PLAINLY, WI UNFADING INK-THIS	mation should be carefully supplied. AGE should be	CAUSE OF DEATH in plain terms, so that it may be
V. S. No. 1	N. B.—WRITE	mation sh	CAUSE

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1230
1. PLACE OF DEATH	1120
County allegans	Registration Dist. No.
Village or City Westershort	No. St., Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME & thel Estelle	Trolf U. S. Veteran, specify WAR
(a) Residence: No. Westernfort, M.	A St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Femules White S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  The state of the state of the word)  The state of the state of the state of the state of the word)  The state of the	21. DATE OF DEATH  (Month)  (Day)  (Yaar)
HUSBAND of (or) WIFE of Marcus Trove	22. HEREBY CERTIFY. That I attended deceased from 1937, to 966, 10, 1937
6. DATE OF BIRTH (month, day, and year) Seht 18, 1882	I last saw h. 21 aliva on Fleb, 15, 2th , 1987; death is sald
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 124 Pm.
54 4 27   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work dona, as SPINNER, Asual wife SAWYER, BOOKKEEPER, etc	Bracho- snewyoung 2-1-37
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc  10. Data dacaasad last worked at this occupation (month and	
10. Data dacaasad last worked at this occupation (month and 14.3.7. spent in this year) occupation	
12. BIRTHPLACE (city or town) Teat Cofor (State or country)	Othar Contributory Causes of importanca:
	Ileus. 2-14-37
E	Carline Decompensation. 2-14-3;
14, BIRTHPLACE (city or town) 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	Name of operation Name of Date of Date of What test confirmed diagnosis? Playment attends Was there an autopsy? No.
15. MAIDEN NAME Lingueth Gibson  16. BIRTHPLACE (city or town) Winchester  (State or country)	23. If death was due to external causes (VIOL ENCE) fill in also the following:  Accident, suicide, or homicide?  Date of Injury  19
X (State or country) Verginia	Where did Injury occur?
17. INFORMANT Marcus Brove (Address) Westernhant md.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Philos Comety Date Fells, 1931	
19. UNDERTAKER D. S. Boal	24. Was diseasa or injury in any way ralated to occupation of decaasad?
(Address) Borton Ma	If so, specify (Signed) Paul Of Wilson M. D.
20. FILED Registrar.	(Addrass) Piedmont, W. Va
If more blanks are needed, address State Registrar	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	H	Example II	
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Chronic interstitud nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

FOR BINDING

MARGIN RESERVED

V. S. No. 1

ż

1. PLACE OF DEATH	——————————————————————————————————————
County Collegany	RPORATE LIMITS.  Registration Dist. No. 4  ND. COLES COMP. POSTO: \$4-1 Ward
	ND. Alle Sam HOSP . St., 4-1 Ward death occurred in a hospital or institution, give its NAME instead of street and number)
	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Stillborn Houman	If U. S. Veteran, specify WAR 1200
(a) Residence: Np. (Usual place of abode)	St., Ward. (se Su o town, hid
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
J. SEX  4. COLOR OR RACE OR DIVORCED (prize the word)  5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prize the word)	21. DATE OF DEATH / 5
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	22. / HEREBY CERTIFY, That attended daceased from
1-1-515	726.3 ,1937 10 726 5 ,1937
6. DATE OF BIRTH (month, day, and yaar) 7 5 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3 7 3	liast saw h. [17] alive on
1 day,hrs.	to have occurred on the date stated above, at the PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profassion, or particular	were es follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDOKKEPER, etc.	Juna utvine a solu X a 2.5-37
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work was done, as Stlk MILL, SAW MtLL, BANK, etc.  10. Oate deceased iast workad et this occupation (month end	General Ford
10. Oate deceased last worked et this occupation (month end year)	
( la V . )	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	
13. NAME June's William Horman  14. B(RTHPLACE (city or town) Jenners	
14. B/RTHPLACE (city or town) Leuners L	Name of operation 2009 Oate of
(State of county)	What test confirmed diagnosis? Clinical Was there an aulopsy? to
16. BIRTHPLACE (city or town)	23. if daath was dua to external causes (VIOL ENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Class Candy	Accidant, suicide, or homicida?Oate of injury
E (State or country)	Where did injury occur?
17. INFORMANT Jours House	(Specify city or town, county and State) Specify whether injury occurred in iNOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAD	Mannar of injury
Place Scarett Pa, Cem, Dat Feb 7, 137	Nature of injury
19. UNDERTAKER and by Confirmed and	24. Was diseasa or injury in any way related to occupation of deceased?
20. FILEO Tet. 6, 1937. Dr. J. Frankliger	(Signed) In them to forest M. O.  (Address) 40 h Silverty 54.
V	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

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11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	4	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis C.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial pephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage \ MAR 6	July 5,1927	Peritonitis	3 days ago	
OI REAL V B.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

4. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH . 1404
infor- state UPA-	1. PLACE OF DEATH	- In
	County allegand'	Registration Dist. No.
should of OCC	Village or City Lonaconing 'Md.	No. St., Ward
	(If	death occurred in a hospital or institution, give its NAME justead of street and number)
~ 02	Length of residence in city or town where death occurredyrs,mos	
Every CIANS ement	2. FULL NAME Joyce Claud James	If U. S. Veteran, specify WAR
RD. Every YSICIANS statement	(a) Residence: No. Robin atreet	St., Ward.
	(Usual place of abode)	If nonresident give city or town and State
R. PH Exact	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
H.	Female White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Oay) (Year)
MANEN A C T I assified.	5a. If marriad, widowad, or divorced HUSBANO of	22. I HEREBY CERTIFY. That I attanded dacassad from
DI TAN A C	(or) WIFE of	Ful 7 1937 to Ful 17 1937
4 2x5.	6. DATE OF BIRTH (month, day, and year) Sept. 14. 1936	last saw h waliva on Pur 17 1937 death is said
PF P	7. AGE Yeers   Months A Days   If LESS than	to have occurred on the data stated abova, at 700 P.m.
FOR B. IS A PE stated E properly certificate	3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance
F. IS start of the property of	8. Trade profession or particular	were as follows:
HIS he be of	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.	acuta gartilia Persistent
RVE C_TH ould may back	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data dacassad last worked at 11. Total time (years)	vomelet.
	SAW MILL, BANK, etc.	
INI INI INI INI INI INI INI INI INI INI	O this occupation (month end spant in this	
ARGIN RES NFADING I oplied. AGE erms, so that instructions of	yaar) occupation	Other Contributory Causes of importance:
S OI	12. BIRTHPLACE (city or town) anacoming	
FAJ ied.	(State or country), md.	
	13. NAME nelvint james.	
M.A. Dung y sun tain t	14. BIRTHPLACE (city or town). Lilmate	Name of operation Oate of
5 6	ce la	What tast confirmed diagnosis? Was there an autopsy?
INLY, WI be careful EATH in primportant.	15. MAIOEN NAME Meldregh Sonig 16. BIRTHPLACE (city or town) Assantsville	23. If death was dua to axternal causes (VIOLENCE) fill in also tha following:
NLY, oe car ATH nport:		Accidant, suicida, or homicide?, 19, 19, 19, 19, 19
Be mp	(State or country)	Whera did injury occur? (Specify city or town, county and State)
A DIG Y	17. INFORMANT Melotin & James -	Specify whather injury occurred in INOÚSTRY, in HOME, or in PÚBLIC PLACE.
F-9 700	18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
	appell Place Tolk Dotte Cemelopate Feb. 17, 190	Neture of Injury
WRIT mation CAUSE	19. UNDERTAKER Paris S. Boal:	24. Was disease or injury in any way related to occupation of decaased?
EOH	(Addrass) Lonacourse ma.	If so, specify I that had been
4 8	10 150	110 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

Registrar.

If more blanks are needed, address State Registrar,

If nonresident give city or town as	nd State
MEDICAL CERTIFICATE OF DEATH	
21. DATE OF DEATH Les. (Month) (Oay)	, 193 /. (Year)
	ed dacaasad from
The PRINCIPAL CAUSE OF DEATH and ralated causes of importance	
were as follows:	Oate of onset
acuta gastrelia Persistent	
Other Contributory Causes of importance:	
Name of operation	9.
23. If death was dua to axternal causes (VIOLENCE) fill in also the follow	
Accidant, suicida, or homicide? Oate of injury  Whera did injury occur? (Specify city or town, county and S Specify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC I	, 19
Manner of Injury	**********
24. Was disease or injury in any way related to occupation of decaased?  If so, specify The House Company (Signed) House Care Company (Address) The House Care Company (Address) The House Care Care Care Care Care Care Care Car	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	i	Example II		
ne principal cause of death and related causes importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
rteriosclerosis	1915	Attack of epilepsy	1 week ago	
ronic interstitial nephritis	1921	Run over by street car	1 week ago	
rebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR 6 1937				
ther contributory causes of importance:	May 1,1923	Other contributory causes of importance:  Gastroenteritis		
motories	May 1,1923	Gastroenteruts	1 year	

V. S. No. 1

ż

SIAJE OF MARYLAND	CERTIFICATE OF DEATH 1233
1. PLACE OF DEATH	- CORATE LIMITS:
County / Kllgmy	HIN CORPORATE LIMITS Registration Dist. No. 4
Village or City whole and	No. 5/5 Maryland asce, 5-Ward
(If	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residance in city or town where death occurredyrsmos.	ds. How long In U.S. if of foreign birth?yrs,mosds.
2. FULL NAME / TENNY FISCH JENK	If U. S. Veteran, specify WAR
(a) Residence: No. 5/3. / Mayland a (Usual place of abode)	Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH FULL 8 100.7
Manuel married	(Month) (Oay) (Year)
5a. If married, widowed, op divorced HUSBANO of (or) WIFE of (or) WIFE of	221 HEREBY CERTIFY. That I attended deceased from
m-126 1971	19, to
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on
7. AGE Years Months Deys If LESS than 1 day,	to have occurred on the data stated above, at
70 ormin.	wera as follows: Oate of onset
8. Trade, profession, or particular kind of work done, as SPINNER. Jaylu SAWYER, BOOKKEEPER, etc	Museuph Mitigo CADA 1 5 - 31
9. Industry or business in which	7,50
SAW MILL, BANK, etc.	
kind of work done, as SPINNER.  SAWYER, BOOKKEEPER, etc.  S. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Bate dacaesed last worked et this occupation (month and year) year)  11. Total tima (years) spant in this occupation year)	
1 Janes Off	Other Confribntery Canses of Importance:
12. BIRTHPLACE (city or town)	A MANANTED 300
(State or country)	UNUMIC OF THE OF THE
13. NAME William tenkina  14. BIRTHPLACE (city or town) Lena alta	Magrama
14. BIRTHPLACE (city or town) LINA ULA	Name of operation
(State of country)	What tast confirmed diegnosist Was there an autopsy? Was there an autopsy?
15. MAIOEN NAME / atherine Bischoff  16. BIRTHPLACE (city or town) LIMA Alta	23. If death wes due to external causes (VIOLENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) LLMA Alla	Accident, suicida, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MW. Lama Jenkins (Address) 5/5 manufand ave	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE
18. BURIAL CREMATION, OR REMOVAL	Menner of injury
Place / 12e /full Mais Oata tet 10, 1937	Natura of injury
19. UNDERTAKER J. S. Butter	24. Was disaasa or injury in any-way related to occupation of daceased.
(Address) ( while A m A	If so, specify
20. FILED Teb. 9, 1937. Av. J. V. Franke	(Signed) M. D. (Address) M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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li l	Example II	
es Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
and the second		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

V. S. No. 1

of OCCUPA-

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-m
County allegary WITHIN CORF	PORATE LIMITS. Registration Dist. No. 4
Village or City Charles (If	No. Mourial / A. S., 6-6 Ward death occurred in a hospital or institution, give its NAME (notead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ( a much to have	If U. S. Veteran, specify WAR
(a) Residence: No. 109 No Mechane	C St., 2 - 1 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male Coloned married	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. I HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Thank follows	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year)	I last saw h alive on 2 ld 19.7 Z: death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 2. Pm.
77 / 18 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trade profession or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	The est
9. Industry or business in which	
work was done, as SILK MILL, Castraraeut, SAW MILL, BANK, etc	tracture of the
O 10. Date deceased last worked at this occupation (month and spent) year)	
12. BIRTHPLACE (city or town)	Dther Cantributary Causes of importance:
(State or country)	
13. NAME Volume 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diagnosis? Character f Was there an autopsy? No.
15. MAIDEN NAME / Valuation Williams	23. If death was due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME / Williams  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury 1931, 1931
≥ (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT. Mes. Mary Johnson (Address)	Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury 7 et 3 - 5 7e Outgas.
Place Yerrang Frank Date Yeb 0, 19-3.7	Nature ( linjury
19. UNDERTAKER Forces Steers Luc	24. Was disease or injury In any way related to occupation of deceased?
(Address) Cemelriland Mia	If so, specify
20. FILED Fred. 6 1937. Dr. J. P. Franklin	(Signed) Well ho M. D.
Registrar	(Addrass) Contract ) 2 1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10 .- The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	l l	Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
LIBEAU V. 8.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



MARGIN RESERVED FOR BINDING WRITE PLAINLY, WIT UNFADING INK—THIS IS A PERMANENT R

STATE OF		CERTIFICATE OF DEATH	25.
1. PLACE OF DEATH	WITHIN CORPORAT	E LIMITE OF (13)	UU
County ellegany	WITHIN COM	Registration Dist. No. O	
Village or City Donner	ug	NoSt.,death occurred in a hospital or institution, give its NAME instead of street and nur	Ward
Langth of residanca in city or town where death	11 1 - 1	0	
2. FULL NAME Eduraria	L lones	If U. S. Veteran, specify WAR	
(a) Residence: No. 1 a face	G.L	St. Ward.	
July	(Usual place of abode)	If nonresident give city or town and St	alc
PERSONAL AND STATISTICA  3. SEX 4. COLOR OR RACE 5. S		MEDICAL CERTIFICATE OF DEATH	
male white "	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Jef. 2 (Day)	193 7 (Year)
ia. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Rose H.	clork	22.   HEREBY CERTIFY, That I attended da	caasad from
6. DATE OF BIRTH (month, day, and year)	ly 23 1871	116 saw h alive on July 1 st 1937;	daath is said
7. AGE Years Months	Days 1 If LESS than	to have occurred on the data stated above, at 6m.	
65 6	9   1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importanca were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	etical	Chronic Intustilial hiphrolis	11/26.
9. Industry or businass in which work was dona, as SILK MILL, COLL SAW MILL, BANK, atc.	e mines		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	11. Total tima (yaars) spant in this occupation		
	1. 1	Other Contributory Canses of importance:	
12. BfRTHPLACE (city or town)			
13. NAME William D. 1	lones		
13. NAME VILLIAM D. 14. BIRTHPLACE (city or town)		Name of operation	
(Stata of country)	1 ales	What test confirmed diagnosis? Was thera an au	opsy?
15. MAIOEN NAME  16. BIRTHPLACE (city or town)  (State or country)	1 Porter	23. If death was due to axternal causes (VIOLENCE) fill in also the following:	
16. BIRTHPLACE (city or town)	yland	Accident, suicide, or homicide? Date of injury	, 19
(State or country)		Where did injury occur?(Specify city or town, county and State)	
17. INFORMANT MAN Clynton	unsell	Spacify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	E.
18. BURIAL, CREMATION, OR REMOVAL	the g th	Manner of injury	
St. Park arys Cemetery D	ata Tille, 4, 1937	Natura of injury	
19. UNOERTAKER M Cichh (Address)	ming had	24. Was disaasa or injury in any way ralated to occupation of decaasad?	
20. FILED CONTUR 21937 Dr-2	5 85 10	(Signad) M. Ha corruet	Д M. D

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
MAR 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

	UNFADING INK-THIS IS A PERMANENT R ORD. Every item of infor-	supplied. AGE should be stated EXACTLY. PHYSICIANS should state	in terms, so that it may be properly classified. Exact statement of OCCUPA-	1
	oRD. Every	HYSICIANS	st statement	1
NG	ENT R	TLY. P	ied. Exac	
MARGIN RESERVED FOR BINDING	PERMAN	EXAC	rly classifi	ate.
) FOR	IS IS A	e stated	e prope	f certific
SERVEI	NK-THI	a bluods	it may b	on back o
GIN RE	ADING	ed. AGE	is, so that	See instructions on back of certificate.
MAR	UNE	lqqus	in term	See ins

See instructions on back of certificate.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

WRITE PLANTY, WIT

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1236
1. PLACE OF DEATH	45-3
County Allegany WITHIN CO	RPORATE LIMITS. Registration Dist. No.
Village or City Comphysians .	No. allegary Archital & 4-1 Ward
Length of residence in city or town where deeth occurred.	death occurred in a horpitator institution five its NAMZ instead of street and number) ds. How long in U.S. if of to eign birth?mosds.
2. FULL NAME / atruck /homas fan	mang Av U. S. Veteran, specify WAR
(a) Residence: No. 16 Laing And	st 6-4-Ward.
(Usylat place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX   4. COLOR OR RACE   5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH
male White OR DIVORCED (ravice the word)	(Month) (Day) (Vear)
5a. If married, widowed, or divorced HUSBANO of (or) WIFE of man Engaleth Healt -	22. I HEREBY CERTIFY, That I attended deceased from
C DATE OF BIRTH (MAIN) Quality 12 18 71	I last saw han alive on Sura 3 19 death is said
6. DATE OF BIRTII (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
65 10 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8 Trade profession or particular	were as follows:  Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER machines Welher	-tarang of x
9. Industry or business in which	Mastranen la
work was done, as SILK MILL, SAW MILL, BANK, etc	hartfur of Harsens 192
10. Date deceased last worked at this occupation (month and year)	Camary Corcinoma of photograps
12. BIRTHPLACE (city or town) — Graduand.	Dther Contributory Causes of importance:
E CONTROL OF THE STATE OF THE S	
4 14. BIRTHPLACE (city or town)	Name of operation Oete of
	Whet test confirmed diagnosis? A state was there an aulopsy?
<u> </u>	23. If death was due to external causes (VIOL ENCE) fill Infalso the following:
O 16. BIRTHPLACE (city or town)  (State or country)  State or country	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Only J. Karangangh.	Where did injury occur?
(Address) Completed	Manager of tells
Strace Viter & Paulo Cyr Date HV 3 1937	Manner of injury
19. UNDERTAKER Lomo Stern Dave	24. Was disease or injury In any way related to occupation of deceased?
Tree 3.37 to 1 Para 60.	(Signed) Till Warry M.D.
20. FILEDN: 20. 19.3. 1. 19.3. Registrar.	(Address) Samuel and 180

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, ctc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.-Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	= 407
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Date of enset ALL SE

S. No. 1

STAT	E OF MARYLAND-	CERTIFICATE OF DEATH	1231
1. PLACE OF DEATH		82-2	,
County Mleg	any.	CORPORATE LIMI Registration Dist. No.	4
Village or City Loss	werland WITH	No. allegany total St,	L-I Ward
Length of residanca in city or town		f death occurred in a hose of ior institution, give its NAME instead of street and s	
2. FULL NAME Ma	in ann Kenn	If U. S. Veteran, specify WAR	
(a) Residence: No.	1 Samuelland	St.,   -   Ward.	
	(Usual place of abode)	If nonresident give city or town as	d State
3. SEX. 4. COLOR OF RA	TISTICAL PARTICULARS  CE 5. SINGLE, MARRIED, WIDOWED,	MEDICAL CERTIFICATE OF DEATH	
Himale White	OR DIVORCED (write the word)	(Month) (Day)	, 193 7 (Yaar)
5a. If married, widowad, or divorced HUSBAND of (or) WIFE of	S. Kenn.	22. HEREBY CERTIFY, That I attende	d deceased from
6. DATE OF BIRTH (month, day, and year	9 18 18	last saw har alive on 1936, to 193	Y death is said
7. AGE Years Mor	Days If LESS than	to have occurred on the date stated above, at 3 a.m.	,
79	7   6   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of Importance were as follows:	Date of onset
8. Trada, profassion, or particular kind of work dona, as SPINN SAWYER, BDOKKEEPER, etc	ER. 24 1	Haflefy	A-CL 3
kind of work dona, as SPINN SAWYER, BDOKKEEPER, etc  9. Industry or business in which work was done, as SILK MILL SAW MILL, BANK, etc	1/missife.		
work was done, as SILK MILL SAW MILL, BANK, etc	***************************************		
	11. Total time (years) spent in this		
yaar)	occupation	Dthar Coatributory Causes of importanca:	
12. BIRTHPLACE (city or town) (State or country)	sarage Ind.	Afference	
	or and		
13. NAME  14. BIRTHPLACE (city or town)	1011	Name of operation Date of	
(Stata of country)	Triland.	What test confirmed diagnosis? Was thera an	autopsy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	res Carriery.	23. If death was due to external causes (VIDL ENCE) fill In also the following	ng:
16. BIRTHPLACE (city or town)	9	Accident, suicide, or homicide? Date of injury	, 19
(State of Country)	18 Kind	Where did injury occur? (Specify city or town, county and St	ate)
17. INFORMANT Transparent	mlis la d'	Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC P	LACE,
18. BURIAL, CREMATION, OF REMOVAL	11 11000	Manner of injury	
Place At / abrich	Candate Fet 10, 193/	Natura of injury	
19. UNDERTAKER Zomo St. (Addrass)	in Inc.	24. Was disease or injury in any way related to occupation of deceased?	
20, FILED Feb. 18, 1937.	Ar. & P. Frank	(Signad) Power	M. D
	Registrar.  If more blanks are needed, address State Registrar.	(Address) Charles Street Bellimore Requesting 9) S. No.	Hud.
		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	14

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example 1	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - E   LED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MR 6 137	July 5, 1927	Perilonitis	3 days ago
RUMEAU V. S.			7/15
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
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# STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	(91)
County (Illegans).	Registration Dist. No
Village or City Barthy, md.	No. St Ward
40,(	If death occurred in a hospital or institution, give its NAME instead of street and number) os
2. FULL NAME Scabella Barnes Keyes	If U. S. Veteran, specify WAR
(a) Residence: No. Halaut St. Bacton (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)  Hudowed	21. DATE OF DEATH Leb. 4 , 193 7 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Afferson Reyles	22. I HEREBY CERTIFY, That I attended deceased from  24. 1937 to 74 4 1937  Hast saw harmalive on Secretary 1937 death is said
6. DATE OF BIRTH (month, day, and year) Avec 13. 83  7. AGE Yaars Months Days If LESS than 1 day,hrs	to have occurred on the data stated above, at 2m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Chronic rephretu Date of onset
kind of work dona, as SPINNER Journe Market SAWYER, BOOKKEEPER, etc.  9. Indústry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Data dacasaad last workad at this occupation (mofth and states).	
this occupation (month and year)  12. BIRTHPLACE (city or town)  Barton  (State or country)  Mal	Other Contributory Causes of importance:
13. NAME John B. Barnes	
13. NAME John D. Dainle  14. BIRTHPLACE (city or town) Not Known  (State or country)	Name of operation
15. MAIDEN NAME Sarah Harnek  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT  (Address)	23. If death was dua to external causas (VIOLENCE) fill In also the following:  Accident, suicide, or homicide?
18. BURIAL, CREMATION OR BEMOVEL Place. Maccord M. Date Fel. 7. 193	Manner of injury
19. UNDERTAKER Sand S. Boal (Address) Barton, mg.	24. Was disaasa or injury In any way related to occupation of daceasad?
20. FILED 2/5 , 19.37 5. A. Boucher Registrar.	(Signad) JUNSU M. P. Holyn M. D. (Addrass) A Quaching M. D.
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis MAD A 1931	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonitis	3 days ago
RELIEF VI			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. A.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 2 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHEI	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH	241
1. PLACE OF DEATH	LIMITS 4	
County Mughing	CORPORATE LINI Registration Dist. No.	
	No. St., St., of death occurred in a hospital or institution, give its NAME instead of street and number	Ward ber)
Length of residence In city or town where death occurred by yrsmos	s ds. How long In U. S. if of foreign birtb?yrs mos	ds.
2. FULL NAME Catherine C. dasm		
(a) Residence: No. 229 becellia	St,5-1 Ward.	
(Usual place of abode)	If nonresident give city or town and Stat	ie .
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (price the word)	21. DATE OF DEATH  All (Month) (9ay)	(Year)
5a. If marriad, widowed, or divorced		
HUSBAND of (or) WIFE of	22. THEREBY CERTIFY, That I attended dece	eased from
6. DATE OF BIRTH (month, day, and year) ALL = 1876	I last saw har aliva on / Feb 21, 1987; de	eath is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 6.9m.	
60 5 — 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance , were as follows:	ata afanast
8 Trade profession or particular	Covariony 1 prombra	Heb
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.		35
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, atc.  10. Data deceased last worked at this occupation (month and		27
11. Total time (years) this occupation (month and year)  12. Total time (years) spent in this occupation		
ha A-la 10	Other Coutributory Causes of Importance!	1027
12. BIRTHPLACE (city or town) & Minimum (	(Many Report)	137
(State or country)  Latrick Larra  13. NAME Latrick Larra	-	
14. BIRTHPLACE (city or town)	Nama of oparation Date of	•
(State or country) Tolland.	What test confirmed diagnosis? Was there an aulo	psy?
15. MAIDEN NAME Mary Briman  16. BIRTHPLACE (city or town)  (State or country)	23. If death was dua to external causes (VIOLENCE) fill In also tha following:	
16. BIRTHPLACE (city or town)	Accidant, suicida, or homicida? Data of injury	., 19
(Stata or country)	Whera did injury occur? (Specify eity or town, county and State)	
17. INFORMANT And Ellas Froher (Addrass)	Specify whather injury occurred in INDÚSTRY, in HOME, or in PUBLIC PLACE	
18. BURIAL, CREMATION OR REMOVAL	Manner of injury	
Place It almos find Date Mar 1 , 193	Nature of injury	
Jonis Stein , 9 .	24. Was disease or injury in any way related to occupation of deceased?	
19. UNDERTAKER ATTING SULLAND YOUR (Address)	If so, specify	
20, FILED Mich. 1, 1937. Dr. A.P. Frankl	(Signed) March Vand	М. D
Registrar.	(Audiess)	********

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: AR 6 1937	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

V. S. No. 1

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"ald state

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of

1. PLACE OF	F DEATH	OF MARTLAND	CERTIFICATE OF DEATH	241
County	Allega	uis .	CORPORATE LIMITS.	f
Village or C	ity Curiel	relevid "	No. 235 Q Q SE, 6 If death occurred in a hospital or institution, give its NAME instead of street and	- 2 War
Length of resi	dence in city or town where		sds. How long in U.S. if of foreign birth?yrsm	
2. FULL NA	47 ~ 15	The Countriland (Usual place of abode)	If U. S. Veteran, specify WAR	d State
PERSON	IAL AND STATIST	ICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH S (Month) (Day)	., 193 / (Year)
5a. If married, widow HUSBAND of	ed, or divorced		(Hours) (Day)	(1601)
(or) WIFE of		2	22.   HEREBY CERTIFY. That I ettended	deceased from 1927
6. DATE OF BIRTH	(month, day, and year)	73 - 37		; death is s
7. AGE Yea	- still	Days If LESS than brs. or	to have occurred on the date stated above, at 5.20 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of one
8. Trade, profes	ssion, or particular vork done, as SPINNER, , BOOKKEEPER, etc	home	XI all vom	-
10. Date decease this occur year)	ty or town). Cur	II. Total time (years) spent in this occupation subrulance My	Other Centributery Causes of importance:	
(State or could be as a second by 13. NAME 14. BIRTHPLACE	laviel	Playof	_	
(State of		Mid:	Name of operation	autopsy!
15. MAIDEN NA 16. BIRTHPLACE (State or		e Johnson	23. If death was due to external causes (VIOLENCE) fill in also the followin  Accident, suicide, or homicide? Date of injury  Where did injury occur? (Specify city or town, county and Sta	, 19
17. INFORMANT (Addres) 18. BURIAL, CREMAT	TON, OF PEMOVAL	all night	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ACE.
Place 4.	In Thung M.	Date \$4-61-5, 193 7	Nature of Injury	to
(Address)	- Lierla	Id med-	24. Was disease or injury in any way related to occupation of deceased?  If so, specify  (Signed)	
20. FILED TILL.	, 19.5 ( A)	Registrar.	(Address) CumberCand	mg

CTATE OF MADYLAND CEDTIFICATE OF DEATH

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Example I	II.	Example II	
The principal cause of death and related causes of importance were as follows:		The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis ** 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 5 3 Lil			
// 0//			
Other contributory causes of importance	1000000	Other contributory causes of importance:	EMPH 5
Gallstones	May 1,1923	Gastroenteritis	1 year
	1411	colonia su	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state

stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

ORD. Every item of infor-

of OCCUPA-

Exact statement

B

STATE OF M	ARYLAND-	CERTIFICATE OF DEATH	1019
1. PLACE OF DEATH		(4)	1240
County allegan	1	Registration Dist No. 9	
Village or City		No. mun Habital st	Ward
		death occurred in a hospital or institution, give its NAME instead of street as	d number)
Length of residence in city or town where death occur	edyrsmos	ds. How long in U.S. If of foreign birth?yrs	.mosds.
2. FULL NAME Coda	m. Lucas	If U. S. Veteran, specify WAR	
(a) Residence: No.	Vale 12	Ward.  If nonresident give city or town a	10
PERSONAL AND STATISTICAL P		MEDICAL CERTIFICATE OF DEATH	nd State
	MARRIED, WIDOWED,	21. DATE OF DEATH	
	VORCED (write the word)	2 15-	, 193. 7
5a. If married, widowed, or divorced (		(Month) (Dey)	(Yéer)
HUSBAND of (or) WIFE of	eas	22. I HEREBY CERTIFY, Thet I ettend	ed deceesed from
1,1	10/3	1957, to J'ala / J	1927
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Da	15-1863	I last saw h_2 elive on	, deeth is said
42 1 -	1 dayhrs.	to have occurred on the date stated above, et  The PRINCIPAL CAUSE OF DEATH and related causes of importance	
13 4 3	ormin.	were es follows:	Date of onset
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	en mile		
9. Industry or business In which	as an of the	July July	Born. 19
work was done, as SILK MILL, SAW MILL, BANK, etc			
	Total time (yeers) spent in this		
year) occupation		Other Contributory Canoes of Importence:	
12. BIRTHPLACE (city or town)	1	Chief Control Control of Importance.	
(State or country)	gland		
13. NAME Thomas marky	net		
14. BIRTHPLACE (city or town)	p	Neme of operation Dete of	
(State or country)	rolland	What test confirmed diagnosis? Wes there a	n autopsy?
15. MAIDEN NAME	rd.	23. If death wes due to external causes (VIOLENCE) fill In elso the follow	ing:
16. BIRTHPLACE (city or town)	7	Accident, suicide, or homicide? Date of injury	, 19
State or country)	ngland	Where did injury occur?(Specify city or town, county and S	tate)
17. INFORMANT 20 m & uces (Address)	fury md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18. BURIAL, CREMATION OR REMOVAL	2/17 -	Manner of injury	
Plece Dete	1. 1. 1937	Neture of injury	
19. UNDERTAKER	10	24. Was diseese or injury In eny wey related to occupetion of deceased?_	(0
(Address)	surg	If so, specify	· · · · · · · · · · · · · · · · · · ·
20. FILED Def 17, 1937 1939	To Local Registrar.	(Signed) (Address) (Address)	M. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAD @ 1007	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			7-21-1

V. S. No. 1

STATE OF MARYLAND	CERTIFICATE OF DEATH 1243
1. PLACE OF DEATH	92:0
County Illa apul	Registration Dist. No.
Village or City Say Sauto 9	NoSt., Ward
Langth of rasidanca in city or town where daath occurred yrs,mo	If death occurred in a hospital or institution, give its NAME instead of street and number)  sds. How long in U.S. if of foreign birth?yrsmosds.
$\mathcal{I}$	140/.
2. FULL NAME Mugarly Collegy	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH &
OR DIVOREED (write the word)	(Month) (Day) (Year)
5a. If marriad, widowed, or divorced	
(or) WIFE of John Lyn On	22. J. HEREBY CERTIFY, That I attended deceased from  19.3.7 to 19.3.7
8.00 10 KK	1 7 1 21
6. DATE OF BIRTH (month, day, and yaar)  7. AGE Yaars Months Deys If LESS than	to have occurred on the data stated above, at O. O. A. T. m.
(1) 2 1 day,hrs	The PRINCIPAL CAUSE OF DEATH end related causes of importance
8. Trade, profession, or particular	ware es follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, atc.  9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data deceased last worked at this occuration (month and	Colletitio LAS Como esta
9. Industry or business in which	The second secon
work was done, as SILK MILL, SAW MILL, BANK, etc.	·
yaar) occupation occupation	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town) (Stata or country)	
1 8-1 11 11	- Umais umailes T
13. NAME 9 WILLY	my caralls!
13. NAME A AVICA TO THE STATE OF THE STATE O	Name of operation Date of Date of
	What test confirmed diagnosis? What test confirmed diagnosis? What test confirmed diagnosis?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
be a colon for south	Where did Injury occur? (Specify city or town, county and State) Specify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT (Address) hix Price A Mich	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, ON REMOVAL	Menner of injury
Place In Ovol Chil Data Ji/ () 15/	Nature of injury.
Joseph Staffer	24. Was disease or Injury In any way ralated to occupation of deceased? 24
19. UNDERTAKER (Address)	If so, specify A
more 9/10 mart transfer to title 1201	(Signed) A Could M.D.
20. FILED Jeff 0, 193 / A. Y. T. COULLAN M. V.	(Addrass) Ind Parage Made
If more blanks are needed, address State Registra	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I  The principal cause of death and related causes of importance were as follows:  Arterioselerosis 1915		Example II  The principal cause of death and related causes Date of onset of importance were as follows:	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
HAN V. 8.	- Carlo		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA
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PHYSICIANS should state CORD. Every item of infor-

> stated EXACTLY. properly classified.

AGE should be

supplied.

mation should be carefully

GAUSE OF DEATH in plain terms, so that it may be

Exact statement of OCCUPA.

Langth of residence in a thy or large where death occurred.  Langth of residence in a large in the control of t	1. PLACE OF DEATH	207-MOORATE LIMITED 1244
Village or City (	County Allegaus	THIN CORT Registration Dist. No.
Length of residence in act yor togons where death occurred.  2. FULL NAME  (a) Residence: No	Village or City Comments of Comments of City Comments of	
(a) Residence: No.    Consider of shocks   Consider of shocks   Personal and Statistical Particulars		osds. How long in U.S. if of foreign birth?yrsmosds.
PERSONAL AND STATISTICAL PARTICULARS  3. SEX  4. COLOR OR RACE  OR DAYOCCO White the word  OR DAYOCCO White the word was a second importance:  OTHER Control or town  (State or country)  OTHER Colly or town  (State or country)  OTHER COLOR OF THE WARNOCCO WHITE THE WORLD WHITE THE WORD  OTHER CONTROL OF THE WARNOCCO WHITE THE WORLD WHITE THE WORLD WHITE THE WORD  OTHER CONTROL OF THE WARNOCCO WHITE THE WORLD WHI	2. FULL NAME / Illiam & martin	If U. S. Veteran, specify WAR
3. SEX  4. COLOR OR RACE  S. SINGLE, MARRIED, WIDOWED  OR DINORCED (write the word)  5a. If married, widowed, or digoreed  If the principal above, and a state of the widowed and a state of the wealth and related above, at 3.150, R. M.  If the principal above, at 3.150, R. M.  If the p	(a) modulos instances	114,4
Se. Ill marified, widowed, or dispersed Husself (Day)  Se. Ill marified, widowed, or dispersed Husself (Day)  Se. Date of BIRTH (month, day/and yeer)  Se. Date	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Sa. If married, widowed, or disported HUSBAND of (ort)-MALE of (ort)-MALE of (ort) or town.  6. DATE OF BIRTH (month, dry and yeer)	Male White Manage	February 17, 193 7
Feb. 16, 197 to Feb. 17, 19 37; death is said to have occurred on the date stated above, at 3:20 mg. Months  Note of Birth (month, dry/ond yeer)	5a. If married, widowed, or divorced	
I lest saw h. Im clive on Feb. 17, 19.37; death is said to heve occurred on the date stated above, at. 3.500 R. M.  NOTE: Trede, profession, or perticular in the same of the profession, or perticular in the profession, or perticular in the same of the profession of the pro	(or) WIEE of	Feb. 16. 137 Feb. 17. 37
to heve occurred on the date steted above, at. 3:50 Me.  The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:  Rupture of left lung.  Sawyer, Bookkeere, etc.  Sawyer, Bookkeere, etc.  Sawyer, Bookkeere, etc.  Sawyer, Bookkeere, etc.  10. Date deceased lest worked at this occupation month and year)  Stete or country)  The PRINCIPAL CAUSE OF DEATH and related ceuses of importence were es follows:  Rupture of left lung.  Compound comminuted fracture  Of left tibla and floula.  2/16,  3. Sawyer, Bookkeere, etc.  10. Date deceased lest worked at this occupation month and year)  Spentin this occupation.  (Stete or country)  Stete or country)  Whet test confirmed diagnosis? Examination was there en autopsy? No.  3. If deeth wes due to externed causes (Violence) fill in also the following:  Accident, suicide, or homicider. Accident tete or injury. 2/16 ja37.  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Menner of injury.  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  No.  19. UNDERTARMS Accident and elated causes of importence were estable to occupation of deceased? No.  If so, specify  Menner of injury in any way releted to occupation of deceased? No.  If so, specify  Compound comminuted fracture  Of left tibla and floula.  2/16,  2/16,  2/16,  2/16,  2/16,  2/16,  2/16,  2/16,  3/	5 DATE OF RIDTH (month day and year) Pr 4 7 2 1881	
Total Compound Committed Fracture   Date of one of the first course of importence		
8. Trede, profession, or pertitular sind of address spinner.  SAMYER, BOOKKEFER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAM MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and spent in this spent in		The PRINCIPAL CAUSE OF DEATH and related ceuses of importence
9. Industry or business in which work we done as SILK MILL, SAW MILL, BANK, MI	8. Trede, profession, or perticular kind of work done as SPINNER.	Rupture of left lung.
Other Coutributery Causes of Importance:  12. BIRTHPLACE (city or town) (Stete or country)  13. NAME  14. BRTHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or country)  16. BIRTHPLACE (city or town) (Stete or country)  17. INFORMANT  18. BURIAL SEMATION & REMOVAL  (Address)  18. BURIAL SEMATION & REMOVAL  19. UNDERTANER  (Address)  19. UNDERTANER  (Address)  20. FILED  19. 37. And P. Jananeka  (Signed)  Other Coutributery Causes of Importance:  Name of operation  Whet test confirmed diagnosis? Examinationes there en autopsy? No.  23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? ACCIDENT bete of injury 2/16,1937  Where did injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Public place  Menner of injury  Neture of injury Struck by a locomotive.  24. Wes disease or injury in any way releted to occupation of deceased? No.  If so, specify  (Signed)  Many Jones		of left tibia and fibula. 2/16/
12. BIRTHPLACE (city or town) (State or country)  13. NAME  14. BATHPLACE (city or town) (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or pountry)  16. BIRTHPLACE (city or town) (Stete or pountry)  17. INFORMANT  18. BURKER PREMATION & REMOVAL  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Stete or country)  Marchael  19. UNDERTAKER  (Stete or country)  Menner of injury Neture of injury In any way releted to occupation of deceased?  M. Cilmbert and M. Cilmber	- 1 mis occupation (months and	
13. NAME  14. BRTHPLACE (city or town)  (Stete or country)  15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or sountry)  16. BIRTHPLACE (city or town)  (Stete or sountry)  17. INFORMAN  18. BURNAL  19. UNDERTAKER  19. UNDERTAKER  19. UNDERTAKER  20. FILED  19. 37. And Paramaka  (Signed)  Name of operetion  Name of operation of operation of operation of deceased? No  If so, specify  Name of operation		Other Contributory Causes of Importence:
Name of operation.    Name of operation.   Dete of		
Whet test confirmed diegnosis? Examination West there en autopsy?  15. MAIDEN NAME  16. BIRTHPLACE (city or town) (Stete or arountry)  Where did injury occur?  Where did injury occur?  Where did injury occur?  Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Public place  Menner of injury  Neture of injury  Neture of injury In any way releted to occupation of deceased?  NO  If so, specify  (Slgned)  Manyland  Manyland  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Public place  Menner of injury  Neture of injury  No specify  (Slgned)  Manyland  M	I I	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (Stete or arountry)  17. INFORMANT  (Address)  18. BURNAT ARREN  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Address)  10. MAIDEN NAME  11. MAIDEN NAME  12. Meeth wes due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? ACCIden bete of injury. 2/16, 1937  Where did injury occur? Cumberland, Maryland.  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Public place  Menner of injury  Neture of injury  Neture of injury Struck by a locomotive.  19. UNDERTAKER  (Address)  19. UNDERTAKER  (Signed)  (Signed)  (Signed)  Manylord  Man	(State or country)	Whet test confirmed diagnosis? Examination as there en autoney? No
Where did injury occur?  (Specify city or town, county and State)  Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.  Public place  Menner of injury  Neture of injury  Neture of injury In any way releted to occupation of deceased?  NO  (Address)  19. UNDERTAKER  19. 19.37. Dr. A. P. Franker  (Signed)  (Signed)  Monyal and  Monyal and  Monyal and	15. MAIDEN NAME Mary Grand	23. If deeth wes due to externel causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicide? Accident bete of injury 2/16,1937
17. INFORMANT AND PART OF THE PUBLIC PLACE.  Public place  Menner of injury  Neture of injury Struck by a locomotive.  19. UNDERTAKEN  (Address)  19. UNDERTAKEN  (Address)  19. UNDERTAKEN  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Address)  (Signed)  (Signed)  (All the property of the public place  (Signed)  (All the property of the public place  (Address)	∑ (Stete or econtry)	
19. UNDERTAKER A LOCATION OF THE STREET OF T	The state of the s	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
19. UNDERTAKER A Begin file file 24. Wes disease or injury In any way releted to occupation of deceased? NO  19. UNDERTAKER OF THE STATE OF THE SIGNED OF TH	18. BURIAL BEMATION IR REMOVAL	Menner of injury
(Address 1937. Dr. ) P. Franka (Signed) Thimbarland Many and M. I.	frace fassich 2 descepted 26 20, 193	Neture of injury Struck by a locomotive.
20. FILED Feb. 19137. Dr. J. P. Franka (Signed) (MM Marce) Many Land Many Land	The state of the s	I was discuss of mighty in any hay related to decapation of deceased:
Registrar. (Address) Outliber Land, War y Land.		(IX had little)

CTATE OF MADVIAND CEDTIFICATE OF DEATH

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis		The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 6 1937	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	men 3
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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ŀ	Jo	pli
1	item	shou
	Every	CIANS
	N. BWRITE PLAINLY, WIN UNFADING INK-THIS IS A PERMANENT RACORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state
•	R	Y.
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The state of the s	PERM	EX
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CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

STATE OF	MARYLAND-	CERTIFICATE OF DEATH	245
1. PLACE OF DEATH	Out Vision Co.		40
County allegany	L CONFORATE LIMITS O	Registration Dist. No.	
Village or City 7 Josephung	, 	ND. Numeria Probatal St., f death occurred in a hospital or institution, gife its NAME instead of street and num	Ward
Length of residence in city or town where doubt		s. 17ds. How long in U.S. If of foreign birth?yrsmos	
2. FULL NAME Philip	no andrewol	If U. S. Veteran, specify WAR_	
(a) Residence: No. New Her	Many - ma (Usual place plabode)	St., Ward.  If nonresident give city or town and State	ite
PERSONAL AND STATISTICA	L PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
	SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH  (Month) (Day)	93. 7 (Yeer)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	- Luga	22. I HEREBY CERTIFY, That I attended deco	eased from
0.1	10-1847	1 last saw h sittle alive on 2 th 2 2- 19 37 do	, 193.7.
7. AGE Years Months	Days If LESS than	to have occurred on the date stated above, at 2.30 P.m.	eatu iz zar
88 7	/2 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance	
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc	rmer	Carcinonia of Assistantes of	1/36
Industry or business in which	w		
10. Date deceased last worked et this occupation (month and year)	11. Total time (years) spent in this occupetion		
12. BIRTHPLACE (city or town) Status &	Saud-herryork	Other Contributory Canses of Importance:	
13. NAME Patrick Mc	Ondress		
14. BIRTHPLACE (city or town)	and	Name of operation	
(State of country)	to alt	What test confirmed diegnosis? Was there an auto	psy?
15. MAIDEN NAME  16. BIRTHPLACE (city or town)	and and	23. If death was due to external causes (VIDLENCE) fill in also the following:  Accident, suicide, or homicide?	10
State or country)		Where did injury occur?	.,
17. INFORMANT Proclement 5	of a Condigue	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PLACE.	•
18. BURIAL, CREMATION, DR REMOVAL	ed all out to	Manner of Injury	
Plece	ate	Nature of Injury	
19. UNDERTAKER Mr. J. Hafer (Address) Tracting	o. md.	24. Was disease or injury in any way related to occupation of deceased?	
20. FILED 26.23, 19.32 000	Och Local Registrar.	(Signed) m for corrues (Address) midland mf	M. f

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5,1927	Peritonitis	3 days ago
V. 0.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			2 1 2 2 2 2 3 3

ADDITIONAL SPACE FOR FURTHER STA	ATEMENTS BY PHYSICIAN	4
tovauthousalin ochance atte	a death see letter Tiles	
under MDD mot . 9/10/37.	0	

stated EXACTLY. properly classified.

AGE should be

supplied.

mation should be carefully -WRITE PLAINLY, WI

CAUSE OF DEATH in plain terms, so that it may

PHYSICIANS should state Exact statement of OCCUPA-

# STATE OF MARYLAND—CERTIFICATE OF DEATH

1	1)	1	10
J	4	랖	0

1. PLACE OF DEATH	(9350)
County allegany WITHIN COR	Registration Dist. No. 4
Village or City full seland	No. 50 St., 6-3 Ward f death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos	s
2. FULL NAME Very to me looot	If U. S. Veteran, specify WAR
(a) Residence: No. 50 Sv. M. (Usual Diage of abode)	St., 6-3 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH fab. 6, 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Gertrude Large L.	22.   I HEREBY CERTIFY, That I attended daceased from 1937, to 1937
6. DATE OF BIRTH (month, day, and year) Dev. 3 1853	Mast saw ham alive on Jeb 5, 19.37; daath Is sain
AGE Years Months Days If LESS than	to have occurred on the date stated above, at L
83 1 3 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Broncho- Susumme 1/20/3
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	Chorie Myocardites 192.
TO. Date deceesed last worked at this occupation (month and spar)	
	Other Coatributory Causes of Importance:
12. BIRTHPLACE (city or town) (Stata or country)	Mranno; caused by 11/3
13. NAME James 1 to Mc Cools	- anterior relarosis Direction of the
	Latter 1 15 george Civil R
(State or country)	Name of operation
15. MAIDEN NAME Civiline Baker	23. If death was due to external causes (VIOLENCE) fill in also the following:
16, BIRTHPLACE (city or town)	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (Stete or country)	Where did Injury occur?
17. INFORMANT My Ray Bleece	(Specify city or town, county and State) Spacify whether injury occurred In INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Cour Haw 11 Uga, 126. 8, 1937	Netura of injury
19. UNDERTAKER FORES Stewn of the Madress	24. Was disaesa or injury in any way related to occupation of daceased
20. FILED Feb. 6, 1937, Ar. J. P. Franke	(Signed) Clay B. Jure J. M. (Address) Curre land med
	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Example I		Example II	
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Chronic interstitial nephritis MAR 6	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY PHYSIC	CIAN
				4	100	-/-
						- 11

MARGIN RESERVED FOR BINDING

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1248
1. PLACE OF DEATH	<u> </u>
County allegary, SAND CORPONATE LI	Registration Dist. No. 9
Village or City Flostlung, Med.	No. Munero 140 of . St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. If of foraign birth?yrsmosds.
0+111 Mail	
011 + 7	If U. S. Veleran, specify WAR.
(a) Residence: No. Circum, Maria (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	21, DATE OF DEATH
OR DIYORCED (write the word)	2 - 2/ 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaased from
(6)/ 1112 61	, 19, 19, 19, 19
6. DATE OF BIRTH (month, day, and year) $2-21-37$ .	I last saw h aliva on, 19; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
Stillion 1 day,hrs	That RINGIT AL CAUSE OF DEATH and related couses of importanta
8 Trada profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	. 2
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	
work was dona, as SILK MILL, SAW MILL, BANK, etc	- 4
this occupation (month end yaar)	
yaar)	Other Coatributory Causes of importance
12. BIRTHPLACE (city or town) + Northerny lick	
(Stata or country)	
13. NAME Leonard Me Keerju.	
14. BIRTHPLACE (city or town) Govett Co. Test.	Name of operation Data of
(State of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Edwa E. Swith  16. BIRTHPLACE (city or town) Homett Co. Will.	23. If death was due to external causes (VIOL ENCE) fill in also the following:
o 16. BIRTHPLACE (city or town) Forett Co. Wed.	Aecident, suicide, or homicide? Data of Injury, 19
∑ (Stata or country)	Where did Injury occur? (Specify city or town, county and State)
17. INFORMANT Leonard Mrs Kensin Gather	Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
(Address) Eikleart Turk.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place De Machaela Date 1-eV 24 in 182	Neture of injury
19. UNDERTAKER Jacot Wayner	24. Was disease or injury In any way ralated to occupation of decaased?
(Address) from therey the	If so, specify
20, FILED. Jeb 21, 1932 Mary P Marle	(Signad) Of C Deelly M. D.
	The state of the s

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

#### Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis Attack of epilepsy 1915 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 doys ago MAD Q 1937 Other contributory causes of importance: Other contributory causes of importance: Gollstones Gastroenteritis Moy 1,1923 1 year

V. S. No. 1

N. BWRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT RESORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
IS IS A PERMANENT	be stated EXACTL	oc properly classified.	of certificate.
WIT UNFADING INK-TH	fully supplied. AGE should b	n plain terms, so that it may b	TION is very important. See instructions on back of certificate.
G. BWRITE PLAINLY, W	mation should be caref	CAUSE OF DEATH in	TION is very importan

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1249
1. PLACE OF DEATH	93-0
County allegunia	Registration Dist. No.
Village or City Westershort	NoSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME facole frank Mi	If U. S. Veteran, specify WAR
(a) Residence: No. 1 / 0 2 Curve (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH  Felt 2 1937
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	(Month) (Day) (Year)  22.   HEREBY CERTIFY, Jhat Lattended deceased from
Jarak ann Mely	fre L2 ,1937, to feb 22 ,193/
6. DATE OF BIRTH (month, day, end year) tele 21 188	I last saw h
7. AGE Yaars Months Days / If LESS than 1 day,hrs.	to have occurred on the date stated above, etAm.  The PRINCIPAL CAUSE OF DEATH and retated causes of importence
S Trade explanion or activales	were as follows: Date of onest
8. Trade, protassion, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	drent mures when the
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date daceased last workad at this occupation (month and	The state of the s
SAW MILL, BANK, etc. function of the same	
11. Total time (yaers) spent in this occupation (month and yaar)  12. Total time (yaers) spent in this occupation	Othar Contributory Causes of importanca:
12. BIRTHPLACE (city or town)	Citial Coadinately Caste of Importance.
(State or country)	
13. NAME William X. Metz	
14. BIRTHPLACE (city or town).  (State or country) W and make	Name of operation Dete of
(State of Country) Ph any control	What test confirmed diegnosis? Was there en autopsy?
15. MAIDEN NAME adeling Herry	23. If death wes due to axternal causes (VIOL ENCE) fill in also the following:
16. BtRTHPLACE (city or town)  (Stete or country)	Accidant, suicide, or homicide? Date of injury, 19  Where did injury occur?
17. INFORMANTE M. any 11 etc.	(Specify city or town, county and State) Specify whather injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Addrass) Western port md.  18. BURIAL, CREMATION, OR REMOVAL	Mannar of injury
Place Philos Cometry Data 5cl-24, 193/	Nature of injury.
19. UNDERTAKER St. S.	24. Was disease or injuly in any way related to occupation of decaased?
Jehre 37 alamans. a mai	If so, spacify (Signed) (Signed) M.D. M.D.
20. FILED Registrar.	Address) Western fort mg

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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  9.—The industry or business in which the work was done.
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- 11.—The number of years the deceased followed the occupation.

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Exa	mple I	011	Example II	
The principal cause of death and related causes of importance were as follows:		Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MAR 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	FURFAU V.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of	importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1950
1. PLACE OF DEATH	210-m - CRATE LIMITS. OF 1200
County allegany	Registration Dist. No. 4
Village or City Campbeeland	No. Talle gang Hosp. St. 4-1 Ward
	death occurred in a hospital or institution, gree its NAME instead of street and number)  ds. How long In U.S. if of toroign birth? yrs. mos ds.
2. FULL NAME Inner L. Mrs.	Ele If U. S. Veteran, Specify WAR & panish amen
(a) Residence: No. Welle long Da	St. Ward Wellershung Pa. 97
(Usual place of a fode)	If nonresident give city or low and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIOOWED, ON DIVORCED (write the word)	21. DATE OF DEATH
Thate ntile married	(Month) (Dey) (Year)
5a. If merried, widowed, or divorced HUSBANO of (ar) WIFE of	22. 1 HEREBY CERTIFY That Lattended decaasad from
flark dong	12/ 14 1837, to ( 26 26 1937)
6. OATE OF BIRTH (month, day, and year) of Kalley	I lest saw h. f. M. alive on F. 21 20 , 1937; death is said
7. AGE Yeers Months Days If LESS then	to heve occurred on the date steted above, et 2.75 Am.
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Coustable SAWYER, BOOKKEPER, atc	Transmatic formamoriae 214/s
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Oate daceasad last worked at this occupation (controlled)	4
work was done, as SILK MILL, SAW MILL, BANK, atc	
10. Oate dacaasad last worked at this occupation month and spent in this	
year)	Other Contributory Causes of importance:
12. BIRTHPLACE (city or town)	Toramorative translare at time
(State or country)	due to Labotand silt 1 21437
13. NAME Stomas Miller	
14. BIRTHPLACE (city or town).	Neme of operation
(State of Country)	Whet test confirmed diagnosis? climas Was there en eutopsy? 2.2/
15. MAIOEN NAME Pary Classes Moore 16. BIRTHPLACE (city of toyh)	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
0 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Accident. Date of injury 2 14, 1931.
(State or country)	Where did injury occur? Sharall Mill (Specify city or town, county and State)
17. INFORMANT HIS HEARL Long	Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
(Address) (Alexandress) 18. BURIAL CREMATIONS OR REMOVAL	Trabetra makarang, automatina ma pala
Apellerstrug Ja Date Hell 23, 1937	Nature of injury Crushed right chart
fall 84. 9	
19. UNDERTAKER ACTION OF THE CONTROL	24. Was diseasa or injury In any way retailed to occupation of deceased?
1. 2. 2. 27 X 0 D Ja . 00	(Signed) if William M. O.
20. FILED 190 ( A) V . Y . V . Registrar.	(Address) 6 7 N. Centra So
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I		Example II		
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Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronie interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
MAR 6 1937				
Other contributory causes of importante: 5.		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SE	ACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND—	CERTIFICATE OF DEATH 1251
1. PLACE OF DEATH	(18670) LIMITS.
County allegans	THIN CORPORATE LIMITS.  Registration Dist. No.
Village or City Charles WT	No. Merces Words \$6-6 Ward
(II	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrs,mos	ds. How long In U. S. If of foreign birth?yrs,mosds.
2. FULL NAME Churce C. Monney	If U. S. Veteran, specify WAR
(a) Residence: No. 201 Islaas	st., 6-6 Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
OR DIVORCED (write the word)	21. DATE OF DEATH
Male Willo married	(Month) (Day) (Year)
5a. If married, widowed, or diversed HUSBAND of	1 LHEREBY CERTIFY, Thetal attageded deceased from
(or) WIFE of Lucy Weber	ON. 9 192 to met 9 1937
6. DATE OF BIRTH (month, day and year) //or 45 1878	I last saw have alive on Puly 9, 1997, deeth is said
7. AGE Years Months Days If LESS than	to heve occurred on the date steted above, et. 8m.
58 2 14 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importance were as follows:
8. Trade profession or particular	Compound Exprint
kind of work done, es SPINNER CALLER SAWYER, BOOKKEEPER, etc.	dx Davel Jakuel 49/37
9. Industry or business in which work wes done, es SILK MILL,	accidental fall, Office.
kind of work done, es SPINNER SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked et this pecupation (month end	Death was caused by an asside stal falle in the
this occupation (month and 1910 spent in this year)	Round-House of the Boltimore & This Pailroad shops!
	Other Contributary Causes of importence:
12. BIRTHPLACE (city or town)	
10 41	
E / Care	
14. BIRTHPIACE (city or town) (State or country)	Name of operation. Date of
	What test confirmed diagnosis! Was there an autopsy? M/V
	23. If deeth was due to externel causes (VIOLENCE) fill in also the Iollowing:
O 16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide
11. 9 11-	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT MLS PRINCE MANUELS	Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMITION, OR REMOVAL	Manner of injury O' Refer !   A A
Place Rose Hell Compose 2/11, 1937	Neture of injury Prescharle Mound of Pronueur
9. 71	7 7/2
19. UNDERTAKER (Address) (Address) (Address)	24. Was disease or injury in eny way related to occupetion of deceased?
201- 18 27 8- 1 Pth	D * (Signed) MMWOLL A M. D.
20. FILED Registrar.	(Address) Quallerland M.
<u> </u>	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis MINTAU V. S.	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	35/41	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		Parameter Parame		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF	MARYL	AND-	CERTIF	ICATE	OF	DEATH

1. PLACE OF DEATH		-	(159)		
County Callynn	Y,		Registration Dist. No	. 12	
Village or City Nation	ral		ND.  f death occurred in a hospital or institution, give its NAME instead of	St., Ward	
Length of rasidence in city or town what	a daath occurrad	yrsmos	How long in U.S. if of foreign birth?yrs	ds	
2. FULL NAME		more	If U. S. Veteran, specify WAR		
(a) Residence: No.			St., Ward.		
BEDSONAL AND STATIS	(Usual place		If nonresident give city  MEDICAL CERTIFICATE OF D		
PERSONAL AND STATIS  3. SEX 4. COLOR OR RACE		RIED. WIDOWED.	21. DATE OF DEATH	EAIH	
female white		D (write the word)	(Month) (Day	, 193 7 (Year)	
ia. If married, widowed, or divorced HUSBAND of (or) WIFE of			22. I HEREBY CERTIFY. Thet	I ottonded deserved from	
(or) WIFE of			21. 7 1937 to 21, 7		
5. DATE OF BIRTH (month, day, and year)	ut 7-19:	3 7		19 3.7 : death is said	
7. AGE Years Months	Days	If LESS than 1 day, _/hrs.	I THE I MINCH AL CAUSE OF DEATH and I did to causes of this	ortanca	
8. Trede, profession, or particular		ormin.	were as follows:	Date of enset	
kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc			Prematice both	2/7/37	
9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc	11. Total t	ima (yeers)			
year)  12. BIRTHPLACE (city or town) Nation		upation	Dthar Contributory Causes of importence:		
(Stata or country)					
13. NAME Quelius h	rton				
13. NAME LILLS M  14. BIRTHPLACE (city or town)	inal-h	id	Neme of operation		
15. MAIDEN NAME Beatrice	c Hughe	's	23. If death was due to external causes (VIOLENCE) fill in elso		
15. MAIDEN NAME DE LETTE	eluna - 1	nd	Accident, suicide, or homicide? Date of in	jury, 19	
(State of County)	nto		Whare did injury occur?		
(Addrass)	1. RI UM	T- my 99	-		
18. BURIAL, CREMATION, DR REMOVAL Place Ollmany	Date Tel	8 1937	Mannar of Injury		
19. UNDERTAKER Julius )	nortin		Nature of injury 24. Was disease or injury in any way related to occupation of d		
(Address) as almost	z K )	Staken. Registrar.	(Signad) M. A. Srrings (Address) Andland		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis MAR 5 1937	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	300
Gallstones	May 1,1923	Gastroenteritis	1 year

TION is very important. See instructions on back of certificate.

CTATE	OF	MADVIA	NID CEDT	TELCATE	OF	DEATH
SIAIE	OF	MARILA	ND-CERT	IFICAIL	UF	DEATH
					-	

1253

1. PLACE OF DEATH		GORPORATE LIMITS Registration Dist. No. 4		
County allegany		CORPORATE Registration Dist. No. 4		
Village or City Comm	Arland WITH	No. 378 Austral Ose St. 5-2 Ward death occurred in a hospital or institution, give its NAME instead of street and number)		
Length of residence in city or town where d		ds. How long in U.S. if of foreign birth?yrsmosde		
2. FULL NAME Laura	V. moulson	If U. S. Veteran, specify WAR		
(a) Residence: No. 328 C	entral are	1 = 5-2 Ward.		
(4) 11001001.1101.32.2.2.2	(Usual place of abode)	If nonresident give city or town and State		
PERSONAL AND STATISTI	1	MEDICAL CERTIFICATE OF DEATH		
Homale Colored	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH LAR 22 , 1937 (Year)		
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	ronlam	22. I HEREBY CERTIFY, That I attended deceased from 19		
6. DATE OF BIRTH (month, day, and year)	1862,	I last saw h alive on, 19, 19; death is sai		
7. AGE Years Months	Days If LESS than 1 day,hrs.	to have occurred on the date stated above, atm.  The PRINCIPAL CAUSE OF DEATH and related causes of importance		
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Honsewals	Lis Cordis-Kinel		
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	as Home	deserve:		
10. Date deceased last worked at this occupation (month and year)	11. Total time (years) spent in this occupation			
12. BIRTHPLACE (city or town)	ford Co po	Other Contributory Causes of Importance:		
13. NAME SIMME	1 Allen)			
13. NAME Symmetry  14. BIRTHPLACE (6tty or town) (State or country)	Po.	Name of operation Date of What test confirmed diagnosis? Churce of Was there an autopsy?		
15. MAIDEN NAME CANA		23. If death was due to external causes (VIOL ENCE) fill in also the following:		
15. MAIDEN NAME CINAL 16. BIRTHPLACE (city or town)	war 1	Accident, suicide, or homicide? Date of Injury19		
≥ (State or country)		Where did Injury occur?		
17. INFORMANT Beatrice (Address)	allyn Jurand.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	010-	Manner of injury		
Place Strommer Cur	Wate 14 15, 1937	Nature of Injury		
19. UNDERTAKER Anna Ster	wood.	24. Was disease or infucy In any way related to occupation of deceased?		
20. FILED Feb 25,1937. Dr	g. P. Frankl	(Signed) , any on M.  (Address) 5 Q 9. Therium sh		
If more	blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.		

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II		
The principal cause of death and related eauses of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis MAD @ 1027	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
ELISTAIL V. E.	7			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

MARGIN RESERVED FOR BINDING

1	County		HEGANY		THIN CORF	PORATE LIMITS. Registration Dist. No. 4 AL HOSPITAL  f death occurred in a horpital or institution, give its NAME instead of street and	1254
	Langth of res	sldenca In city	or town where d	leath occurred&	3-1-yrsmos	s. To displaying in U.S. if of foreign birth? yrsn	nosds.
2	(a) Reside			ON, NELL IRFAX S (Usual place	T., CUMBER	If U. S. Veteran, specify WAR	d State
ALT: 100000	PERSO	NAL AND	STATIST	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
	EMALE	4. COLOR	OR RACE		RRIED, WIOOWED,	21. DATE OF DEATH 26 (Month) (Day)	, 193 3 >
	If married, wido HUSBAND of (or) WIFE of	JAN	MES M.N	ICHOLSO		22. I HEREBY CERTIFY, That I attended to the second	, 1927.
-	AGE YE	(month, day,	Months	AY 20 0ays	If LESS than	to have occurred on the date stated above, at 5, 45, 4m.	_; death is said
	34		8	6	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:	Date of onset
NOCCUPA 12.	10. Date decea this occ year) _	ILL, BANK, et used last work upation (mon-	c ed at th end	spi occ	time (yaars) nt in this upation	Other Contributory Causes of importance:	3/20.27
FATHER	13. NAME	JOHN-(	CADWELD vn) MAR			Name of operation Dete of What test confirmed diagnosis?	autopsy?/
MOTHER	15. MAIDEN N 16. BIRTHPLAC (State of		ORA CES	SNA YLAND		23. If death wes due to external causas (VIOLENCE) fill In also the followin  Accident, suicide, or homicide? Date of Injury  Where did injury occur?	, 19
	INFORMANT (Address) BURIAL, CREMA	JAMI 295 TION OR RE	FATRFA	CHOLSON X ST., C	UMBERLANI V / 1937	(Specify city or town, county and Size Specify whathar injury occurred in INOUSTRY, In HOME, or In PUBLIC PI	ate) LACE.
19.	UNOERTAKER (Address)	Lon	is Ste	m Sa Innd	e:	24. Was disaase or injury in eny way related to occupetion of deceased?  If so, spacify  (Signed)	M. O.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSIC
---

V. S. No. 1

N. B.—WRITE PLAINLY, WI. UNFADING INK—THIS IS A PERMANENT RANGED. Every item of information should be carefull, supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.	Ra. ORD. Every item of infor-	7. PHYSICIANS should state	Exact statement of OCCUPA-	
	WRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT	nation should be carefull, supplied. AGE should be stated EXACTLY	CAUSE OF DEATH in plain terms, so that it may be properly classified.	IION is very important. See instructions on back of certificate.

STATE	OF	MADVI	AND-	CERTIFI	CATE	OF	DEATH
SIAIC	UL	MARIL	AND	CEKIILI	CAIL	Or	DEATH

1255

1. PLACE OF DEATH	
County allegany	Registration Dist. No.
Village or City A Pros thrus	
Jacob and	No. Market St., Ward f death occurred in aborpitat or institution, give its NAME instead of street and number)  s
Length of residence in city or town where death occurredyrs,mo	sds. How long in U.S. it of foreign birth?yrsmosds.
2. FULL NAME VICTUAL St. Patt	If U. S. Veteran, specify WAR
(a) Residence: No. (Usuai place of abode)	O. St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH February 21, 1937
5e, If merried, widowed, or divorced	(Month) (Dey) (Year)
HUSBAND ot (or) WIFE of	22. HEREBY CERTIFY, That I attended deceesed from
0-1.00	fel 20 ,1937, to 12/2/,193.)
6. DATE OF BIRTH (month, day, end yeer) Am. 1, 1909	I lest saw have eliva on fell 20, 192; deeth is said
7. AGE Years Months Deys If LESS than 1 day, hrs.	to heve occurred on the dete stated above, at \$ 1
2 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8 Treda, profession, or particulef kind ot work dona, as SPINNER, SAWYER, BODKKEPER, etc.	frature of Base of Feb
SAWYER, BOOKKEEPER, etc.	Smel agresult tot 20
work was done, es SILK MILL, SAW MILL, BANK, etc	automobile and git gis
11. Total tima (years)	
this occupation (month end 20143) spent in this occupation 14	
12. BIRTHPLACE (city or town) Garrett County (Steta or country)	Other Contributary Causes of importance:
The wing contact	
13. NAME And Patton  14. BIRTHPLACE (city of town)	574.0
14. BIRTHPLACE (city of town) (State or country)	Name of operation Date of Date of
( of cury)	Whet tast confirmed diegnosis? Clara for the Westhere en autopsy? 100
15. MAIDEN NAME	23. If death was due to external ceuses (VIOL ENCE) fill in elso tha following:
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	Accident, suicide, or homicide?
(State or country) Unknown	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT MUNICO SILEVE	Spacify whether injury occurred in INDUSTRY, in HDME or in PUBLIC PLACE.
(Addrass) Anacoming Sled,  18, BURIAL, CREMATION, DR REMOVAL	fufue Highway
11 1 1 1 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2	Mennar of injury all smoth of squeet bell pol
Place 2) Alexand emiliary Date of for and , 190	Neture of Injury myself head
19. UNDERTAKER II, Caschhom.	24. Was disease or injury in eny wey releted to occupation of deceased?
(Address) Garaconing	If so, specify
20, FILED Jeb 22, 1934 Drang & Marly	(Signed) M. D.
Deff L, Registrar.	(Address) front heif ma
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 uear

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	RY	PHYSICIAN
TINDITIONS	OF STOTE	TOIL	T. OTT THINK	DIVITINITINI	DI	THEOLOGIAM

supplied.

mation should be carefully B.—WRITE PLAINLY, WI

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1256

	1. PLACE OF DEATH	I IMITS.
	County Allegany.	N CORPORATE Registration Dist. No. 4
	Village or City Cannot Willand WITH	No. Allegary Architel St., 4-1 Ward death occurred in a hoppital or institution, give in NAME instead of street and number)
1	Length of residence in city or town where death occurred	0 1/
	2. FULL NAME Southerme Warker Tan	nl If U. S. Veleran, specify WAR
	(a) Residence: No. 316 Industridence	St., 3 - ) Ward.
	(Usual place of abode)	If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE. MARRIED, WIDOWED.	MEDICAL CERTIFICATE OF DEATH
	Homal Mate Producted (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Day)
instructions on back of certificate.	5a. If married, widowed, or divorced HUSBAND of (or) WiFE of Form The Payme.  6. DATE OF BIRTH (month, dey, and year) Payme 1 1865  7. AGE Yaars Mooths Days If LESS than 1 day, hrs. or min.  8. Trada, profassion, or particular kind of work done, as SPINNER, The SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAWYER, BOOKKEEPER, etc. SAW MILL, SAW MILL, BANK, atc. 10. Data deceased last worked at this occupation (month and year) spent in this occupation.  12. BIRTHPLACE (city or town) And the Saw	22. I HEREBY CERTIFY, That I attended deceased from  1977, to 1977  1 last saw h a aliva on 7 17 , 19 37; death is said to have occurred on the date stated above, at 192 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Other Ceatributery Causes of importance:  Other Ceatributery Causes of importance:
See in	13. NAME Ingan Robert	Name of operation
S	(State or country)	What test confirmed diagnosis? Wes there an autopsy?
very important.	15. MAIDEN NAME For Ann Hunley  16. BIRTHPLACE (city or town) (State or country)  17. INFORMANT Harry Payne (Address)  Camples Land	23. If death was due to external causes (VIOLENCE) fill in also the following:  Accident, suicida, or homicide?
. <u>00</u>	18. BURIAL, CREMATION, OR REMOVAL) Place Its Outer Y Parks Come Feb. 70, 1937	Menner of injury
TION	19. UNDERTAKER Tomo Slem Jone.	24. Wes disease or Injury In any way related to occupation of deceased?
>	20. FILED Jel. 19, 1937. Sr. J. P. Franklin Registras.	(Signed) P Office M. O.  (Address) Common of All Andrews

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage \\ MAR 6	July 5,1927	Peritonitis	3 days ago
THE PROPERTY S.	3		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE FO	R FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state

of infor-

IS A PERMANENT R stated EXACTLY classified.

FOR BINDING

MARGIN RESERVED

of OCCUPA.

Exact statement

certificate. properly

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

AGE should be

supplied.

mation should be carefully

WRITE PLAINLY,

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	(131)
County allegany WITHIN CORE	PORATE LIMITS Registration Dist. No. 4
Village or City Country land	No. alle of the the thing institution, give it NAME instead of street and number)
Length of residence in city or town where death occurredyrsmo	osds. How long Irl O.S. if of foreign birth?yrsmosd
2. FULL NAME auma M lete	If U. S. Veteran, specify WAR
(a) Residence: No. 303 Olean (Usual place of abode)	St., 4-1 Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Timale White 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (raprice the word)	21. DATE OF DEATH 7-6. (Month) (Day) (Year)
5a. If merried, widowed, or divorced HUSBAND of (or) WIFE of Olyako, Patery	22.   I HEREBY CERTIFY That I attended deceased from
P-1/2/ 100	193 f , to , 193 /
7. AGE Yeers Months Days If LESS then	I last saw he elive on 19 ; deeth is sei
1 dey,hrs	
8. Trade, profession, or particular kind of work done, es SPINNER,	were es follows: Date of onge Tale
kind of work done, es SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business In which work wes done, es SILK MILL, SAW MILL, BANK, etc  10. Dete decessed last worked et this excuration (month end	1027
work wes done, es SILK MILL, SAW MILL, BANK, etc.	/13/
10. Dete deceesed last worked et this occupation (month end yeer)	
60 -	Other Contributer Causes of Importence:
(State or country)	Chrone Reptrof -
13. NAME along bac obe	
13. NAME Clongo facolor  14. BIRTHPLACE (city or town)	Name of operation
(State or country)	Name of operation Date of Date of Whet test confirmed diegnosis? Wes there en eutopsy?
15. MAIDEN NAME / House ale Carel	23. If deeth wes due to external causes (VIOLENCE) fill in also the following:
15. MAIDEN NAME Hamale Crayl 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury
(State or country)	Where did Injury occur?
17. INFORMANT Clyde Paters (Address) Paters	(Specify city or town, county and State) Specify whether Injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. REMOVAL	Menner of Injury
Plece Juliustoin 19 Dete July 6, 193;	Neture of injury
L. A. C.	24. Wes disease or injury in eny wey related to occupetion of deceesed?
19. UNDERTAKER CAUCA CAU	If so, specify
7.8 / 37 A Q P 7 2 60:	(Signed) Just 1/2 (X
20. FILED 10. 6 , 19 1. Nr. J. V. Annuell	(Address) Cecut-sfaced feet

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

of importance were as follows:  Arteriosclerosis	ate of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
	1915		
Clarify the second of the seco		Attack of epilepsy	1 week ago
Chronic interstitud nephritis	1921	Run over by street car	1 week ago
	uly 5,1927	Peritonitis	3 days ago
MAR 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	ay 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state ORD. Every item of inforof OCCUPA-Exact statement IS A PERMANENT R stated EXACTLY. properly classified. UNFADING INK-THIS AGE should be CAUSE OF DEATH in plain terms, so that it may be supplied. mation should be carefully WRITE PLAINLY, WIT

FOR BINDING

MARGIN RESERVED

V. S. No.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	107-01
County allegany	Registration Dist. No.
Village or City Translation WITHIN CO.	Registration Dist. No. St., Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long in U.S. if of foreign birth?yrsds
2. FULL NAME John L. Free	If U. S. Veteran, specify WAR
	Zast Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write, tha word)	21. DATE OF DEATH Z
5a. If marriad, widowad, or divorcad	(Month) (Day) (Year)
HUSBAND of (or) Wife of Sarah In Free	27. HEREBY CERTLEY, That attanded dacaasad from
8 , 100	190 100 190
5. DATE OF BIRTH (month, day, and year)  7. AGE Years Months Days If LESS than	to have occurred on the date stated abova, at,
77 1 day,hr	S. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trada, profession, or particular	Wara es follows:
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc	Drougho ferrence
and stry or business in which work was done, as SILK MILL,	
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc  9.Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Data deceased last workad at this occuration (month and	
this occupation (month and spent in this occupation occupation	
12. BIRTHPLACE (city or town)	Other Cantributary Causes of importance:
(Stata or country)	- ( lulturaence
13. NAME  14. BIRTHPLACE (city or town)	
(Stata or country)	Nama of operation Date of
15. MAIDEN NAME Many Lewise	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
IC DIDTURA ACCIO	23. If death was dua to external causes (VIOLENCE) fill in also the following:  Accident, suicide, or homicida?
16, BIRTHPLACE (city or town) Md	Whera did injury occur?
17. INFORMANT MAD John Trice	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
(Addrass) Fredling ma.	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Placa Data Data 193	Nature of injury
19. UNDERTAKER	24. Was disaasa or injury in any way related to occupation of decaasad?
(Addrass)	if so, spacify
20. FILED Lb 10, 193) May J Marly Registrar.	(Signad) (Address) A San
	r, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
  9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis MAR 8	1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		
			Alexandra		

MRITE PLAINLY, WITH UNFADING LANGE should be stated EXACTLY. PHYSICIANS should state mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CORD. Every item of infor UNFADING INK-THIS IS A PERMANENT R CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1259
WITHIN CO.	930
County allegany	Registration Dist. No. 9
	No. St., War death occurred in a hospital or institution, give its NAME instead of street and number)
W V O R	ds. How long in U.S. If of foreign birth?yrsmos
2. FULL NAME ( other) filles	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX  4. COLOR OR RACE OR DIVORCED (writeshe word)	21. DATE OF DEATH Fef 10 1937
5a. If merried, widowed, or divorced	(Month) (Day) · (Year)
HUSBAND of (or) WIFE of May Ruse	22. I HEREBY CERTIFY. That I ettended deceased fro
6. DATE OF BIRTH (month, day, end year) Oct 6-1873	I last saw have elive on Fet 9: 1932; death is se
7. AGE Years Months Days If LESS than	to have occurred on the date steted ebove, et 1301 -m.
4 4 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	A. H.
SAWYER, BOOKKEEPER, etc	Corone Mystardites of
work was done, es SILK MILL, Celanuse Carp.	
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business In which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked at this occupation (month and year) occupation	
3/-01	Other Coatributory Causes of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Les W. Reese  14. BIRTHPLACE (city or town)	Browned ashing
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State or country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Susan Stevens	23. If death wes due to external causes (VIOLENCE) fill In also the following:
15. MAIDEN NAME Success Stevens  16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury19
(State or country) Wales	Where did injury occur?
fre Para	(Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Deadling Date Fet 121937	Menner of injury
19. UNDERTAKER Signal Develop	24. Was disease or Injury in any way releted to occupation of deceased?
(Address) ( ) Juntitury ma.	If so, specify
20. FILED Jul 10, 1937 May Joul Registrar	(Signed) (Address) — A Line M.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	1	Example II			
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	1915	Attack of epilepsy	1 week ago		
Combinal honormhann	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago		
H V. C.					
I I'm a second					
Other contributory causes of importance:		Other contributory causes of importance:			
Gallstones	May 1,1923	Gastroenteritis	1 year		

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN

PHYSICIANS should state CORD. Every item of inforof OCCUPA-Exact statement IS A PERMANENT I stated EXACTLY. properly classified. FOR BINDING See instructions on back of certificate. UNFADING INK-THIS MARGIN RESERVED AGE should be CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefund -WRITE PLAINLY, WY TION is very important.

STATE OF MARTEAND	CLIVIII ICATE OF DEATH
1. PLACE OF DEATH	(112)
County allegany	Registration Dist. No. 12
Village or City Midland, Md	No. St., Ward occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred. 4.3 yrsmo	ds. How long in U.S. if of foreign birth? 6 5 yrs
2. FULL NAME of ofen It / Ella	Click If U. S. Veteran, specify WAR
(a) Residence: No Midland (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 2 6 193 7
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Mary a. Tall	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Self 28 1868	1 last saw harmalive on 2-5- 1937 death is sai
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at O. A. m.
68 4 8 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
R Trade profession or particular	Date of onse
SAWYER, BODKKEEPER, etc.	acute Cardial Ollation
kind of work done, es SPINNER SAWYER, BODKKEEPER, etc.  9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceesed last worked at this occupalist worked at this corresponding worked at this corresponding worked at  11. Total time (years)	
work was done, es SILK MILL, Track man	
Spell in this 1-7/8	,
year) - flama 1 d occupation D flam	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) and land	100
(State or country)	Ulmonary Ustrica: 10 gr
14. BIRTHERACE (city or town).	
4. BIRTHPLACE (city or town)	Name of operation Dale of
(State of country)	What test confirmed diegnosis? Was there an autopsy
15. MAIDEN NAME Unknown	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) - * S	Accident, suicide, or homicide? Date of Injury19
∑ (State or country)	Where did injury occur?
17. INFORMANT Arthus Ketallick	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of Julius
alle gang Constor, Date Febry 1931	Manner of injury
1 1 6 110 ·	Nature of injury
19. UNDERTAKER My LIESISMOWN (Address)	24. Was disease or injury In any way related to occupation of deceased?
(Address) donaconing mid	If so, specify
20. FILED 3 26 10 , 19 37 Kan States	(Signed) M. [
Registrar.	(Address) Sandening Md

STATE OF MADVI AND CEDTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesalc merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arterioselerosis 1915 Attack of enilepsy 1 week ago Chronie interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

ADDITIONAL	SPACE	FOR	<b>FURTHER</b>	STATEMENTS	BY	PHYSICIAN
------------	-------	-----	----------------	------------	----	-----------

oortance:

1 year

IAN



PHYSICIANS should state CORD. Every item of inforof OCCUPA. Exact statement UNFADING INK-THIS IS A PERMANENT R stated EXACTLY. properly classified. AGE should be supplied.

FOR BINDING

MARGIN RESERVED

See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may be mation should be carefully -WRITE PLAINLY, WIT TION is very important.

	S	TATE O	F MAR	YLAND-	CERTIFICATE OF DEATH	1
1	. PLACE OF DEA				LIMITS (KT)	
	oddity	Allegany	*******		ORPORATE LIMITS Registration Dist. No. 4	
	Village or City	umberlar	nd. Md	MILLI	No. 815.01dtown. Road St., 6-6 death occurred in a hospital or institution, give its NAME instead of street and number	_Ward
	Langth of residence In ci	ity or town where d	leeth occurred		to carried in a norphalor institution, give its NAIVE, instead of street and numbers	
-	. FULL NAME	Geo.W.	Rice		If U. S. Veteran, specify WAR	
	(a) Residence: No.	Cumbe	erland.	37.3	St., Ward.	
1010000			(Usual place	of abode)	If nonresident give city or town and State	
•	PERSONAL AN	R OR RACE	1		MEDICAL CERTIFICATE OF DEATH  21. DATE OF DEATH	
		hite	OR DIVORCE	RIED, WIDOWED, O (write the word)	Feb. 19.1937	Year)
5a. If marriad, widowed, or divorced HUSBAND of Martha. Rice (or) WIFE of					22. I HEREBY CERTIFY, That I attended decaa:	
6.	DATE OF BIRTH (month, da	v and year) Ma	ar 13.18	359	Llast saw h alive on 19 dea	
_	AGE Years	Months	Days	If LESS than	to have occurred on tha date stated ebove, at 5 • 30 m.m.	
	77	11	6	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importanca ware as follows:	ofonset
NO	8. Trade, profession, or p kind of work done, SAWYER, BOOKKE	articular as SPINNER,			Spacell by	
OCCUPATION	9 Industry or husiness in	n which	armer		Lessen byy	
CUP	work was done, as SAW MILL, BANK,		*****		he de	
O	10. Date deceased last wo this occupation (mo	nth end	11. Total ti	ma (yaars) ntin this		
year) occupation				ipation	Other Contributory Causes of Importance:	
12.	BIRTHPLACE (city or town) (Stata or country)	)	Pa			
ER	13. NAME John	.Rice				
FATHER	14. BIRTHPLACE (city or to (Stata or country)	own)	Pa		Neme of operation Dete of Was there an autops	
ER	15. MAIDEN NAME R	ebecca.			23. If death was due to external causes (VIOL ENCE) fill in also the following:	
15. MAIDEN NAME Rebecca. Reading 16. BIRTHPLACE (city or town)					Accident, suicide, or homicide?	19
Amanda. Martin.					(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.	
(Address) Cumperland. Md						
18	18. BURIAL, CREMATION, OR REMOVAL PlaceRobertson Vill Bare Feb. 21., 1937				Menner of injury	
		ohn.C.Wo		V. s. S. L. 1, 192. 2.1.	Nature of injury	
19		Cumberly			24. Wes diseasa or injury in any way ralated to occupation of deceased?	
20.	FILED. FILED. 70 ,	19X Sh	- J. P. 3	Registrar.	(Signed) Lev Penelman Coron	ем. D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
  10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example	2 1		Example II			
The principal cause of death and of importance were as follows;	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis		1915	Attack of epilepsy	1 week ago		
Chronic interstitial nephritis		1921	Run over by street car	1 week ago		
Cerebral hemorrhage	D 6 1937	July 5, 1927	Peritonitis	3 days ago		
2 5 1 6	PALL V. B.					
Other contributory causes of imp	portance:		Other contributory causes of importance:			
Gallstones		May 1,1923	Gastroenteritis	1 year		

	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAN
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V. S. No. 1

should state of OCCUPA-

	STATE OF MARYLAND—	CERTIFICATE OF DEATH 1262	
1	. PLACE OF DEATH	17.01	
	County ALLEGANY WITHIN COR!	PORATE LIMITS. Registration Dist. No. 4	
		L HOSPITAL	i
10		death occurred in a horpital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmosds	i.
2	(a) Residence: No. SPRING GAP, MD. (Usualplace of abode)	If U. S. Veteran, specify WAR	-
-	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
-	EMALE WHITE 5. SINGLE, MARRIED, WIDOWED,OR DY ORCED (write the word)	21. DATE OF DEATH  FEBRUARY 8 1937 (Dev) (Year)	
5e.	If married, widowed, or divorced		-
	HUSBAND of (or) WIFE of	22. HEREBY CERTIFY, That I ettended decessed from 1937. to 1937.	n -
6. 1	DATE OF BIRTH (month, day, end yeer) TINE 5 -1936	I last saw h. elive on Felt 7 , 1937; death is sel	d
7.	AGE Yeers Months Days If LESS then	to have occurred on the date stated above, et G-•	
	8 3 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted causes of importance were es follows:	
NO	8. Trede, profession, or perticular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Bronela-Mucelmonia F.d.	3.3
OCCUPATION	9. Industry or business in which	The primary course of the brancho-	,
3	work was done, es SILK MILL, SAW MILL, BANK, etc	1 - 0 1.2.1	
00	10. Data deceased lest worked et this occupation (month and year)	Direction i not stated a Curgo.	-
12.	BIRTHPLACE (city or town)	Other Contributory Causes of importence:	-
2	13. NAME Charles Ox low Tenglow		
FATHER	14. BIRTHPLACE (city or town) curlender (Stete or country)	Neme of operation Dete of Whet test confirmed diagnosis? My Ram Was there en eutopsy?	-
ER	15. MAIOEN NAME RITCHIE, LENA	23. If death was due to externel ceuses (VIOLENCE) fill in elso the following:	_
MOTHER	16. BIRTHPLACE (city or town VIRGINIA	Accident, suicide, or homicide?	
×	(State or country)	Where did injury occur?	
17.	INFORMANT LENA RITCHIE  (Address) SPRING GAP.MD.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.	
18.	BURIAL, CREMATION, OR REMOVAL	Manner of injury	-
	Place Gravel.Ridge.Md Dete Feb. 10.1937	Nature of injury	
10	John.C.Wolford	24. Wes disease or injury In any way related to occupation of deceased?	
19.	UNDERTAKER (Address) Cumberland. Md	If so, specify	
20	FUED Tel. 9 1037. Dr. J. P. Franke	· (Signed) W Talgest M.	D.

Registrar.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1937	July 5, 1927	Peritonitis	3 days ago
	14		
Other contributory causes of importance:	No.	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	N,
authorisation & add tatheis name see birt	h Cert. Filed
under Mitchie 6/5/36.	

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4. te	STATE OF MARYLAND—	CERTIFICATE OF DEATH
infor- state UPA	1. PLACE OF DEATH	1263
ould stat	County allegan	WIN CORPORATE LIMITS. Registration Dist. No.4
A no	Village or City Simulation (WIT)	HINNO Charles 1 St 3 - 3 Ward
item sho of 0	(If	death occurred in a hospital of institution, give its NAME instead of street and number)
Ivery IANS ment	Length of residence in city or town where deeth occurredyrsmos.	ds. How long in U.S. If of foreign birth?yrsmosds.
Every CIANS ement	2. FULL NAME June Coent	If U. S. Veteran, specify WAR
D. SIG	(a) Residence: No. Free Ringe,	MSt. Ward.
THE STATE OF THE S	PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
EEC P.J.	3. SEX 4. CQLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
MA H	OR DIVORCED (write the word)	2-19-1937
G L L	Sa If married widowed or diversed	- (Month) (Day) (Yeer)
Sif C N	5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22.   HEREBY CERTIFY That I attended deceased from
BIND ERMA EXA y class te.	aurupuu.	12-31-1936,10 2-19-193
BER EX EX te.	6. DATE OF BIRTH (month, day, and yeer)	I lest saw h
R P P ed ed herl	7. AGE Years Months Days If LESS than f day,	to have occurred on the date steted above, et
FOR B IS A PE stated E properly certificate	albul quehitrum   1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
- 70	8. Trede, profession, or perticular kind of work done, as SPINNER.	· k
TED HIS	kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which	10 Some My scarlet
RV]	9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	1000 1 1000 700
RESERVED G INK—THIS GE should be that it may be ons on back of	10. Date deceased last worked et this occupation (month and spent in this	107 rames prino
RES	year) spent in this occupation (month and spent in this occupation	
Z	12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
AD AD d. s, s	(State or country)	Men oclevais
MARGIN UNFADI supplied. n terms, so ee instruct	13. NAME	
MA H UI sup in te	f 4. BIRTHPLACE (city or town)	Name of operation Tone Date of
H (V	(State of Country)	What test confirmed diagnosis? - EL ass Wes there an autopsy? Dr
in p	# 15. MAIDEN NAME	23. If death was due to external ceuses (VIOLENCE) fill in also the following:
2	16. BIRTHPLACE (city or town)	Accident, sulcide, or homicide? Date of Injury, f9
ATH	S (State or country)	Where did injury occur?
	17. INFORMANT Such of asyluming	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
PE- hould OF D	(Address) Gunthalad Ma	
E S EI S	18. BURIAL, CREMATION, ORDEMONAL	Manner of Injury
	Place_14404	Nature of injury
-WRI matior CAUS TION	19. UNDERTAKER POLLS Slow tuck	24. Was disease or injury in any way related to occupation of deceased?
S S	(Address) Grand and and	If so, specify
si .	20. FILED Tak. 27, 1937. Dr. J. V. Frankl	(Signed) / f llucus M. O.
U	Registrar.	(Address) University M
	If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage MAR 6 1937	July 5,1927	Peritonitis	3 days ago
MIREAU V. B.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SP	ACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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PHYSICIANS should state CORD. Every item of inforof OCCUPA-Exact statement stated EXACTLY. IS A PERMANENT properly classified. FOR BINDING certificate. UNFADING INK-THIS MARGIN RESERVED AGE should be TION is very important. See instructions on back of CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully WRITE PLAINLY, WI

1. PLACE OF DEATH	1204
County Allgany	Registration Dist. No.
Village or City Innenyping "IT	St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred Jayrs	mosds. How long in U.S. if of foreign birth?mosds.
2. FULL NAME Scut	T. St If U. S. Veteran, specify WAR.
(a) Residence: Not having he Islan	ed ssh Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR BACE 5. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word	16 1937
5a. If married, widowed, or divorced	(Month) (Day) (Yeer)
(or) MIFE of Jean In G. Millar	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) June 3. 185	I last saw hamalive on 7. 4 6 , 1937; death is said
7. AGE Yeers Months Deys If LESS tha	
8 /   (8   // f day,min.	the FAIRCLAL CAUSE OF DEATH and landed ceases of importance
8. Trada profession or perticular	Date of oneet
kind of work done, as SPINNER, Chief Judge,	multiple elevete +
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or businass in which work was done, as SILK MILL. SAW MILL, BANK, etc  10. Date deceased last worked at this occupation (month and	of Epilepay
10. Date decaased last worked at 11. Total time (years)	7
o this occupation (month and yaar) Oct 24,14,36 occupation 15 y	
12. BIRTHPLACE (city or town) Briden Amines,	Dthar Contributory Causes of Importance:
(State or country) of Masyland	
13. NAME John Scotts	
E Caralal	Neme of operation Deta of
(State or country) Scotland	Whet test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME (igned of asher)	7 23, If death wes due to external causes (VIOL ENCE) fill In also the following:
f6. BIRTHPLACE (city or town) of a frankshi	A distribution and the boundary to the second
(State or country) Scott and	Whara did injury occur?
Oalan Sentti his	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE.
17. INFORMANT CANONICAL STATE OF THE CONTROL OF THE	- A specify which in mysty occurred in medicine, in medicine, or in restrict reace.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Miles Cemeley Data 19 9/2, 193	
19. UNDERTAKER I Coschilow,	24. Was disaase or injury In any wey related to occupetion of deceesed?
(Addrass) I marning the	If so, spacify
20. FILEDIS. 19-, 37 Dr. 2. De glaff Registrar	(Signed) Herry M. Hodyson M. D.  (Addrass) Andernia, July
If more blanks are needed, address State Regis.	trar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

STATE OF MARYLAND-CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5, 1927	Peritonitis	3 days ago
1		
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy  1921 Run over by street car  July 5, 1927 Peritonitis  Other contributory causes of importance:

ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF	MARYL	AND-CEF	RTIFICATE	OF	DEATH
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of.	0	0	Do.	
1	/	()		

1. PLACE OF DEATH	1/10
County allegans	Registration Dist. No.
Village or City Zihlman Md	Np. St. Ward
	If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	osds. How long In U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles Howard Sh	olmake If U. S. Veteran, specify WAR
(a) Residence: No. 3ihlman, Mil.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS  3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	Feb- 2 1937
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Coline	22.   HEREBY CERTIFY, That I attended deceased from
(vi) miles	Ja - 25 ,19 72,10 Kel-2 ,19 3)
6. DATE OF BIRTH (month, day, and year) San - 16 - 1934	i last saw h elive on
7. AGE Years Montes Deys If LESS than	to have occurred on the dete stated above, at 5.16.A.m.
3 - 15 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:
8. Trede, profession, or particular kind of work done, es SPINNER.	Date vivined
SAWYER, BOOKKEEPER, etc.	Bronshial July 53-24
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	9
SAW MILL, BANK, etc	The branche - Incumoned was primary for.
this occupation (month and spent in this occupation	- Leng no associated disease on & R.
2. h Variant	Other Contributory Causes of Importance: Duration: about one week.
12. BIRTHPLACE (city or town) 3 MM Many 6.	
13. NAME Leona N. Shaemake	
II O O O	Name of operation Dete of
(Stete or country)	What test confirmed diagnosis? Wes there an autopsy?
15. MAIDEN NAME Coxa Winelyenger	23. If death was due to external causes (VIDLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Zihlman	Accident, suicide, or homicide?Date of injury
16. BIRTHPLACE (city or town) Zihlman (State or country)	Where did injury occur?
17. INFORMANT George H. Shoemake	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Zillman	
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Carter Cemetery Date February 1913	Neture of injury
19. UNDERTAKER Lazob Hafer.	24. Was disease or injury in any way related to occupetion of deceased?
(Address) 25-25 E. Union St., Constitutes Ma	If so, specify
20. FILED 28/4 1937 man & manley	(Signed) W- alped or Rune M.D.
20. FILED ST. 1907 Registrar.	(Address) Flanthag Toul

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes - Date of onset The principal cause of death and related causes Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1.1923 Gastroenteritis 1 year

V. S. No. 1

CORD. Every item of infor-	. 'PHYSICIANS should state	Exact statement of OCCUPA-	
NG INK-THIS IS A PERMANENT	AGE should be stated EXACTLY.	that it may be properly classified. I	ions on back of certificate.
-WRITE PLAINLY, W. UNFADING INK-THIS IS A PERMANENT CORD. Every item of infor-	mation should be carefully supplied. AGE should be stated ENACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1266
1. PLACE OF DEATH	
County Allegany	Registration Dist. No. 2
1701. L +1	or Wand
(If	No
Length of residence in city or town where Beeth occurredyrsg-mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Bear ha Violet Sym	If U.S. Veteran specify WAR.
(a) Residence: No. Filintatora	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (prite the word)	21. DATE OF DEATH
Tenale White Infant	(Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Inbant Still born	22. I HEREBY CERTIFY, Thet I attended deceased from
6. DATE OF BIRTH (month, day, and yaer) Febry 9-1937	Hest sew h. C. Slive of Lots 19 ; deeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm,
, Infant I dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8. Trate, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.	were es follows: Data of one at Data of one at
9. Industry or business in which	
work was done, as SILK MILL, SAW MILL, BANK, alc.	
10. Date deceased last worked at this occupation (month and year)	
1	Other Coatributory Canses of importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME Latarette Jounth	
14. BIRTHPLACE (city or town)	Neme of operation
(State or country)	What tast confirmed diagnosis?
15. MAIDEN NAME Bettie Florance Nolan	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
Stete or country) Mac	Whara did injury occur?
17. INFORMANT LONg ett P. Smith	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Menner of injury
Place Billings Date Tel 10, 1937	Nature of injury
19. UNDERTAKER That Smith	24. Was disease or injury in any way related to occupetion of deceesed?
20. FILED Feb. 9, 1937 A Jahnsett Registrar.	(Signed) A. J. Lurigg M. D.  (Address) Filmitstore and

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

	Example I		Example II	
The principal cause of of importance were as	death and related causes follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis		1915	Attack of epilepsy	1 week ago
Chronic interstitial nephra	itis -	1921	Run over by street car	1 week ago
Cerebral hemorrhage	find the	July 5,1927	Peritonitis	3 days ago
	11 11 2	\.		
		21 11		
Other contributory cau	ises of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 1267
1. PLACE OF DEATH	III INITS.
County Allegany.	Registration Dist. No.
Village or City Communication WITH	IN CORPORATE LIMITS.  Registration Dist. No. 4  No. Scannial Hospital St. 6-6 Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number) osds. How long In U. S. if of foreign birth?yrs,ds.
111/2 D D X	
Andrew Control of the	St. Ward. Strandonn Pa
(a) Residence: No. (Usual place of abode)	St., Ward. Sumglim of the State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DEVORCED (white the word)	21. DATE OF DEATH 6. 8 (Day) (193 7 (Year)
5a. If married, widowed, or divorgad HUSBAND of	22. WHEREBY CERTIFY, That I attended degreesed from
(or) WIFE of Calherone Ilhomas.	F-et. 16 197 to F et 18 1939
6. DATE OF BIRTH (month, day, and year) April 1. 1900	last saw h.l. 44 alive on Feb. 17, 1937; death is said
7. AGE Yaars Months Days If LESS than	to have occurred on the date stated above, at 5 m.
36 10 18 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profassion, or particular kind of work done, as SPINNER, R. O. I.L.	
kind of work done, as SPINNER, SAWYER, BDOKKEEPER, atc.  9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occuration (month and	Latar ( melinara 2/13/3
work was dona, as SILK MILL, SAW MILL, BANK, etc	
1D. Date deceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) - Plusslie . O	Other Coatributory Courses of importance:
(State or country)	La Iryle 2/6/5
13. NAME Some Somme.	1
14. BIRTMPLACE (city or town)	Name of operation Date of
(State of country)	What test confirmed diagnosis? I Mip Chan Was there an eutopsy?
15. MAIDEN NAME Amma Bent 16. BIRTHPLACE (city or town)	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?
Colaire of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OB REMOVAL	Manner of injury
Place ala Wille Val. Date Fish YO, 193;	Nature of injury
19. UNDERTAKER Atnis Stem Inc.	24. Was disease or injury in any way related to occupation of deceased?
(Address) Comportand	If so, specify
20. FILED Tel. 19, 19.37 Dre. J. V. trans	(Signed) M. D. D. M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	li li	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephrilis - 1 1 5	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN



# PHYSICIANS should state ORD. Every item of infor-Exact statement of OCCUPA-

UNFADING INK-THIS IS A PERMANENT R stated EXACTLY. properly classified. certificate. AGE should be be See instructions on back of CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. TION is very important. -WRITE PLAINLY, WI

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH	400
1. PLACE OF DEATH	(3)	
County Allinana	CORPORATE LIM REStration Dist. No.	+
Village or City and Anthropy WITH	IN CORPORATE LINES	-2 Ward
	death occurred in a hospital or institution, give its NAME instead of street and	
Length of rasidance In city or town where death occurredmos.	ds. How long in U.S. if of foreign birth?yrsm	osds.
2. FULL NAME alberta Smarder	If U. S. Veteran, specify WAR	
(a) Residence: No. 427 Virginia Ma	est., 6 - 2 Ward.	
(Gual place of abode)	If nonresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (purite the word)	21. DATE OF DEATH	~
Annale White Historied	(Month) (Day)	., 193_/ (Year)
5a. If marriad, widowed, or divorcad HUSBAND of		
(or) WIFE of God of Smyder.	22. I HEREBY CERTIFY, Thet I attended	daceased from
18/9	Hast saw har elive on Hash 6	_: daath is said
6. DATE OF BIRTH (month, day, and year) They 17 1868 7. AGE Yeers Months Oays If LESS than	to have occurred on the date stated above, at 3.3° Am.	_; daath is sard
10 9 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
8 Trade explanation or positivular	were as follows:	Daje of onset
8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEPER, etc.		7265
9. Industry or business in which		172/
work was dona, as SILK MILL, SAW MILL, BANK, etc		
10. Data deceased last worked at this occupation (month and spant in this		
year) occupation	Other Country Country of Country	-
12. BIRTHPLACE (city or town)	Other Contributery Causes of importance:	712
(State or country)		1936
13. NAME Santin Cane		
14. BIRTHPLACE (city or town)	Name of oparation Data of	
(State or country)	What test confirmed diagnosis? Wes thara en o	eutopsy?
15. MAIDEN NAME Jane Pole.	23. If daeth wes dua to axternel causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicida? Oate of injury	
(State or country)	Where did injury occur?	
17. INFORMANT Robert E. Sunder.	(Specify city or town, county and State Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL.	
(Addrass) Comberland.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury	
Placa Rose Hell Cem Date Het 7 , 193/	Natura of injury	
10 HADEDTAKED Somis Sten & Inn	24. Was disaasa or injury in any way ralated to occupation of decaasad?	
19. UNDERTAKER AT MS Allow M. (Addrass) Comberned	If so, spacify A	
J. R 9 . 37 M. Q P. T. A. B	(Signed) Lhow-//-/	M. D.
20. FILED T	(Addrass) Culle Lorfand Ma	1

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example 1		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis CEIVED	1915	Attack of epilepsy	1 week ago
Cerebral hemograpace	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 wcek ago
Chronic interstitial nephritis 19 8	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Pcritonitis	3 days ago
A ROBERT	7		
Other contributory causes of importance:		Other contributory causes of importance:	20140151
Gallstones	May 1,1923	Gastroenteritis	1 year

(Signed) Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

It so, specify

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Example I	İ	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritts	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 6 1937			
Other contributory causes of importance:	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		A THE RESIDENCE OF THE PROPERTY OF THE PERSON OF THE PERSO	

#### ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA.

stated EXACTLY.

AGE should be

properly classified.

FION is very important. See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	
County allegans	Registration Dist. No.
Village or City  Length of residence in city or tewn where death occurred.	Registration Dist. No.  No. 238 Muchanic  St., Ward  (If death occurred in a hospital or institution, give its NAME instead of street and number)
(1) 3/3	
(a) Residence: No. 5-38 Muchan	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULAI	If nonresident give city or town and State
m w OR DIVORCED (price to	
5a. If married, widowed, or divorcad HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from  1 - 9 - 37 19 to 2 - 8 19 37
	I last saw h aliva on 2 9 - 77 , 19 ; death is said to have occurred on the date stated above, at 1 m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trada profession or particular	Date of onest 2-9-3
Rind of work done, as SPINNER, SAWYER, BOOKKEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Data daceased last worked at his occupation (month and	
10) Data daceased last worked at this occupation (month and year)	
12. BIRTHPLACE (city or town) Troubling (State or country)	Other Contributory Causes of Importance:  Rumohr il astilina
13. NAME Variant Shorts	
14. BIRTHPLACE (city or town) (Stata or country)	Name of operation
15. MAIDEN NAME  16. BIRTHPLACE (city or town)  (State or country)	23. If death was dua to axternal causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Mas Walter Bichor (Address)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury
Place Jan Date Jan	/, 19.3.7 Nature of Injury
19. UNDERTAKER (Address)	24. Was diseasa or injury In any way ralated to occupation of deceased?
20. FILED Del 20, 19.3) Drang Donne	egistrar. (Address) Harthure md

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis AR 8 1901	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	DDITIONAL	ITIONAL SPACE FOR	FURTHER	STATEMENTS	$\mathbf{BY}$	PHYSICIAL	V
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of OCCUPA-

STATE OF MARYLAND	CERTIFICATE OF DEATH 1272
1. PLACE OF DEATH	122-ELIMITS.
County Ulligary.	Registration Dist. No.
Village or City Combuland WITHIN	No. Months of the state of the
Length of residence in city or town where death occurred	
2. FULL NAME INTERNAL FORWARD JAN	TAA _ If U. S. Veteran, Specify WAR
(a) Residence: No. 409 Lama are.	18.6-4ward.
(Urtal place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of	22. 9 HEREBY GERTIFY That I attended deceased from
S DATE OF BIRTH (most) day and wast 1/10/1/17 1020	Hast saw hase elive on Och 222 1057; deeth is said
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS then	to have occurred on the date stated above, at 34.5 m.
6 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were a follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	musauserphion puis
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.  10. Date decessed last worked et this pecupation (month and	Garypen of thisler
10. Date deceased last worked et this occupation (month and year)	
12. BIRTHPLACE (city or town) Completedand Q	Other Contributory Causes of Importence:
(State or country)  (State or country)  (State or country)  (Max. 13. NAME Hill Amrs Imag.	
13. NAME / I Amrs Image 14. BIRTHPLACE (city or town) (State or country)	Neme of operation
	What test confirmed diagnosis? Was there an autopsy? Was there an autopsy?
15. MAIDEN NAME Mystle Co. Graflett	23. If death was due to external causes (VIOLENCE) filf In elso the following:
State or country)	Accident, suicide, or homicide?, 19, 19, 19, 19
17. INFORMANT Stan A. Tunga	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Sommerland  18. BURIAL, CREMATION, OR REMOVAL	
Place Sary new Glandate Let 4 , 1937	Manner of injury Neture of Injury
19. UNDERTAKER Lomis Stem Jone	24. Was disease or injury in any wey related to occupation of deceased?
(Address) Comberland	(Signed) Assess C. Malere M. D.
20. FILED TRANSCORP., 19.2 (1.17) N. Y. Y. T. W. Registrar.	(Address) 122 Blad of 84.

If more blanks are needed, address State Registrar, 2418 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:  Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:  Attack of epilepsy	Date of onset  1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
7.4.1.4.6			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

SIAIL OF MARYLAND—	-CERTIFICATE OF DEATH 1243
Village or City Cufnbulgned	NO. S. Morpital or institution, give its NAME instead of street and number)
2. FULL NAME Melissia June 21  (a) Residence: No. 1 22 Only 2000	s
(Usual piace of abode) PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Female  4. COLOR OR RACE OR DIVORCED ("write the word)  4. COLOR OR RACE OR DIVORCED ("write the word)	21. DATE OF DEATH 2 - 3 - 193 (Month) (Day) (Ofer)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of	22. 1 HEREBY CERTIFY, That I attended decessed from
6. DATE OF BIRTH (month, day, and year) 7. AGE Years   Months   Days   If LESS than	I last saw h aliva on
8. Trade, profession, or particular	The PRINCIPAL CAUSE OF DEATH end related causes of Importance were as follows:  Date of one of the principal
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc.  9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, atc.  10. Date deceased last worked at this occuration (month and	burne both 2/25/
SAW MILL, BANK, atc.  10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spant in this occupation	tuff partly filled with very hot waters. In a weakened
12. BIRTHPLACE (city or town) MT: favogle (State or country) Md.	Other Contributory Causes of importance: condition, recovering from greffel.  The infuries Joseph fotols
13. NAME W Walter While 14. BIRTHPLACE (city or town) 24 favoge (State or country)	Name of operation 2 to 12 Date of
(State of Country) M. a.	What test confirmed diagnosis? The Was there en eutopsy? J
15. MAIDEN NAME Restar S. Norus	23. If death was due to externel causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) M. T. Savage (State or country) M. J.	Accident, suicide, or homicide? Accident. Dete of Injury
17. INFORMANT W. W. Ahling (Address) Westernhuit Mile	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL  Place Philor Consetty pate Mos 2, 1937	Manner of injury Los placed in both-tub, containing very hot writer.  Nature of injury Second-degrees Porms, of Loth feet.
19. UNDERTAKER DES BURGES MA	24. Was disease or injury in any way related to occupation of decaased?
20. FILED Mch. 2, 1937, An. J. P. Frankle Registrar.	(Signed) The Illians M. D. (Address) (Address)
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

	Example II	
Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
1915	Attack of epilepsy	1 week ago
1921	Run over by street car	1 week ago
July 5,1927	Peritonitis	3 days ago
	Other contributory causes of importance:	
May 1,1923	Gastroenteritis	1 year
	1915 1921 July 5,1927	The principal cause of death and related causes of importance were as follows:  1915 Attack of epilepsy 1921 Run over by street car July 5,1927 Peritonitis  Other contributory causes of importance:

TRORD. Every item of infor-	Y. PHYSICIANS should state	Exact statement of OCCUPA-		THE RESERVE THE PROPERTY OF THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO IS
N. BWRITE PLAINLY, WIT UNFADING INK-THIS IS A PERMANENT RICORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	THIN CORPORATE LIMITS.  Registration Dist. No.
County Degree	THIN COMPARE Registration Dist. No.
Village or City White Cruck	death occurred in a hospital or setitution, give its NAME instead of street and number)
Length of residence in only or town where deeth occurredyrsmos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME ( Narley T. Minder	Souk If U. S. Veteran, specify WAR
(a) Residence: No. 104, Columbia (Usual place of abode)	St., 3 -   Ward.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DEVORCED (write the word)  Male White Married (write the word)	21. DATE OF DEATH  (Month)  (Day)  (Year)
5a. If married, widowed, or divorced HUSBAND of Bella Mnderdonk (or) WIFE of	22.   I HEREBY CERTIFY, That I attended decessed from
9.1+10 1911	1936. 10 1 4 19 , 1937
6. DATE OF BIRTH (month, dey, and year) 7. AGE Years Months Deys If LESS than	last saw h elive on 1939; deeth is said
7. AGE Years Months Deys If LESS than 1 day,hrs. ormin.	to heve occurred on the date stated above, etcm.  The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
1 & Trade profession or particular	Bet of onset
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc.  9. Industry or business in which work wes done, es SILK MILL, SAW MILL, BANK, etc.  10. Date deceased last worked at this occupation (month and	Hy fute
10. Date deceased last worked at this occupation (month and year) 11. Total time (years) spent in this occupation 18.40s	Other Control of Investored
12. BIRTHPLACE (city or town) Mekner distourn (State or country) W V a	Other Contributory Causes of Importence:
13. NAME ACOL MANAGE ACOL MANAGE ACOL MANAGE (City or town) Shepherasio w	
14. BIRTHPLACE (city or town) Shepherdslow	Neme of operation Oate of
(State-of country)	What test confirmed diagnosis? Was there an autopsy?
15. MAIOEN NAME Jack Pobruso  16. BIRTHPLACE (city or town) Shepherdston  (Stete or country)	23. If death was due to externel causes (VIOL ENCE) fill in elso the following:  Accident, suicide, or homicide?
17. INFORMANT MW Walter Meft	Where did injury occur?  (Specify city or town, county and State)  Specify whether Injury occurred in INOUSTRY, in HOME, or In PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL PIECE MAY PERSONNEL MA Tel 2/, 1937	Manner of injury
19. UNDERTAKER S. Suttler and Mid	24. Wes disease or injury In any way releted to occupation of deceased?
20. FILED Files, 20037. Dr. J. P. Frank Registrar.	(Signed) Allan Stranger M. O.  (Address) 41 2 - State Stranger M. O.
Aegurar.	(multiple)

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Example I		Example II	
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Chronie interstitial nephritis 1 8 6 37	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

infor

BINDING

FOR

MARGIN RESERVED

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrar.

County

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year

BINDING RESERVED MARGIN See plain efully H DEATH plnods OF

FATHER

14. BIRTHPLAGE (city or town). (State or country)

15. MAIDEN NAME 16, BIRTHPLACE (city or town)

HER

MOT

CAUSE

17. INFORMANT \_ (Address) 18. BURIAL, CREMATION, OR REMOVAL

(State or country).

19. UNDERTAKER (Addrass)

Data\_

Registrar.

Manner of injury Nature of injury.

What tast confirmed diagnosis?

Where did injury occur?\_

24. Was diseasa or injury in any way related to occupetion of daceasad?\_ If so, spacify

23. If death was due to axternal causes (VIOLENCE) fill in also the following:

Specify whather injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.

Accident, suicide, or homicida?\_\_\_\_\_\_\_\_ Data of Injury\_\_\_\_\_\_\_\_19\_\_\_

(Specify city or town, county and State)

(Addrass) .....

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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To be complete, an occupation return must state:

Example I

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example II

The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: 1915 Attack of epilepsy Arteriosclerosis 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage July 5, 1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones Gastroenteritis May 1,1923 1 year

Burial permit issued by Dr. Franklin, County Registran -No copies made for city of trosthing allegany Co. records.

3

DEPARTMENT OF HEALTH CUMBERLAND, MARYLAND

item of infor-	should state	of OCCUPA-	
F R. ORD. Every	Y. PHYSICIANS	Exact statement	
IS A PERMANENT	stated EXACTL	properly classified.	certificate.
BWRITE PLAINLY, WI. UNFADING INK-THIS IS A PERMANENT REGRD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.
B.—WRITE PLAINLY, WI	mation should be careful	CAUSE OF DEATH in p	TION is very important.

STATE OF MARYLAND-	-CERTIFICATE OF DEATH	77
1. PLACE OF DEATH	820	
County : allegans	Registration Dist. No. 2	*****
Village or City Alinkstone	Not all #2 st.,	Ward
	If death occurred in a hospital or institution, give its NAME instead of street and nunses	
2. FULL NAME Catherine At War	If U. S. Veteran, specify WAR	
(a) Residence: No.	D St. Z Ward.	*****
(Usual place of abode)	If nonresident give city or town and St	ale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day)	193 (Yeer)
5a. If marriad, widowed, or divorced HUSBAND of (or) WIFE of W	22. I HEREBY CERTIFY, That I attended dec	ceasad from
6. DATE OF BIRTH (month, day, end year) em 3 /P87	liast saw hard alive on 19 14 14 , 1937 ;	daath is said
7. AGE Years Months Deys If LESS than	to heva occurred on the date stated above, at Z1 QQA_m.	
30   1 day,hrs.	word as follows.	Date of onset
8. Trada, profassion, or particular kind of work done, as SPINNER, Jones Reagle	Genetral Nessentry	Feb. 13
9. Industry or business In which		1937
work was dona, as SILK MILL, SAW MILL, BANK, etc.		
ID. Date decaased last worked at this occupation (month and year) cocupation		
12. BIRTHPLACE (city or town) Marschaice	Other Contributory Causes of importanca:	1926
(State or country)		and Tales
13. NAME Lank Bulset		
14. BIRTHPLACE (city or town) Mans Clorice	Name of operation Date of	
1 (State of Country)	Whet tast confirmed diagnosis? Was there an auto	opsy?
15. MAIDEN NAME  16. BIRTHPLACE (city of town)  16. State of Allerty  (State of Allerty)	23. If daeth wes due to external causes (VIOLENCE) fill in also tha following:	
O 16. BIRTHPLACE (city or town) Mangellouse (State or country)	Accidant, suicida, or homicide? Date of injury	, 19
17. INFORMANT John Mayor (Addrass) Limistone RFD # 2	Where did injury occur? (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE	E.
18. BURIAL, CREMATION, OF REMOVAT	Manner of injury	
Piace Milliand Detector 193	Nature of injury	
19. UNDERTAKER LEGO Dafer	24. Was diseese or injury in any way related to occupation of doceesad?	
(Address) (umberlane)	If so, spacify the state of the	
20. FILED Teb, 16, 1931. Daniel Registrar.	(Signed) (Addrass) Such Last Such	M. D.
If more blanks are needed, address State Registrar	, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.	

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Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 3 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Perilonilis	3 days ago
103120 AL V. D.	3		
Other contributory causes of importance:	1446	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

# STATE OF MARYLAND-CERTIFICATE OF DEATH

1. PLACE OF DEATH	1101175.(59)
County HILECANY	PORATE Registration Dist. No. 4
	PORATE LIMITS. (59)  Registration Dist. No. 4  No. HLLE GANY MOSPITAL #4-1 Ward  (Il death occurred in a hospital or institution, give its NAME instead of street and number)
Length of rasidence In city or town whera death occurredyrsm	osds. How long in U.S.If of foreign birth?yrsmosds.
2. FULL NAME GABY Gire Wisson	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	Il nonresident give city or town and State  MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
FEMALE WHITE OR DIVORCED (write the word)	2. DATE OF DEATH  (Month) (Day) (Yaar)
5a. If married, widowed, or divorced HUSBAND of	22. / WHEREBY CERTIFY. What I attended deceased from
(or) WIFE of	726. 23 1937 to 726. 23 1937
6. DATE OF BIRTH (month, day, and year) 2 - 23 - 31	I last saw her alive on 5 Helbors 19 daeth is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted ebova, at \$300 a.m.
1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importence
8 Trade profession or particular	Date of onest
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	Vrematurity about 22 wes
9. Industry or business in which work was dona, as SILK MILL,	gestation 2.13-37
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc  9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc  10. Date deceased lest worked at this occupation (month and year) occupation	
12. BIRTHPLACE (city or town) CUMBERIAND	Other Contributory Causes of importance:
(State or country)	
13. NAME KUSSELV FOSSER WILSON  14. BIRTHPLACE (city or town). Hing wond	
14. BIRTHPLACE (city or town) Mind wood	Name of operation Dete of
(State of country)	What test confirmed diagnosis? Lunche Wes there an autopsy?
15. MAIDEN NAME RUTH MICORED FUANS  16. BIRTHPLACE (city or town) Non & Wood	23. If daeth was dua to external causes (VIOLENCE) fill in also the following:
	Accident, suicida, or homicide?
(Stata or country)	Where did injury occur?  (Specify city or town, county and State)
17. INFORMANT JUSTRIL FUETER WILLSON (Address) Dayra Pin Hores Compensary	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place Tellines Date Jet 43 , 193	Nature of injury
19. UNDERTAKER JOSE Then Con Med	24. Wes disaase or injury in any way related to occupation of deceased?
20. FILED Feb. 231937. Dr. Q. P. Frank	a (Signed) Continuent . Joseph M. D.
Registrar.	(Address) 40 M: ZYOM Y DY.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	i i	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis RECEIVED	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage BAN 6 1831	July 5, 1927	Peritonitis	3 days ago	
. SURPAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
			1_	

1. PL	ACE OF DEA	TH	1,11,414		TE PU OD	
Co	ounty_AILEG	ANY			REPORATE LIMITS. Registration Dist. No. 4  No. MEMORIAL HOSPITAL 5,6	
Vi	llage or CityC	UMBERIAN	ID, MDA	ITHIN OO	ND. NEMORIAL HOSPITAL  depth occurred in a hospital or institution, give its NAME instead of street and	-6 Ward
Le	ngth of residence in c	city or town where d		yrsmos	the second in a northward in the training instead of street and	
2. FU	LL NAME	MR. PAL	IL J. W	ILSON	If U. S. Veteran, specify WAR	
(a	) Residence: No	25 B S	Street, (Usual place	Keyser. of abode)	W. StA. Ward. Rengelent give day or town and	Va )
P	ERSONAL AN	ND STATISTI	CAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX MAL		OR OR RACE HITE		RIED, WIDOWED.  D (write the word)	21. DATE OF DEATHFEBRUARY (Month) 14 (Day)	_, 193_*7 (Yeer)
HUS	5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of VELMA ABERNATHY				22.   HEREBY CERTIFY, That i ettended decessed from	
6. DATE (	OF BIRTH (month, da	av. end vear) FF	EB. 10.	1908	I last saw h Assalive on 24 12 1931	; deeth is said
7. AGE	Yeers	Months	Deys	If LESS than	to have occurred on the date steted above, et. 3 - 05 - A. M.	
	29		4	1 dey,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related ceuses of Importence were es follows:	Date of onset
CUPATI 276	reda, profession, or p kind of work dona SAWYER, BOOKKE industry or business I work wes done, as SAW MILL, BANK, ata daceased last wo this occupation (my year)	EPER, etc In which SILK MILL etc orkad et	11. Total t	)RP • ime (years) nt in this upetion	J. Lu Mensionia	2123
	IPLACE (city or town tata or country)	)-₩∀A	000	apetion	Other Contributory Causes of importance:	
13. N	AME JAMES	H. WILS	SON		Choleseyotale brome	
13. NAME JAMES H. WILSON  14. BIRTHPLACE (city or town)  (Stete or country) W 17 A				~	Neme of operation Dete of Whet test confirmed diegnosis?  Wes there an	7-9-3 eutopsy? 24
15. M	AIDEN NAME	IMI WILI	JAMSON		23. If deeth was due to externel ceuses (VIOLENCE) fill in elso the followin	g:
15. M	RTHPLACE (city or t (State or country)				Accident, suicide, or homicide? Dete of injury	, 19
	MANT	REAL HOS	PTTAL-		Where did injury occur?(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ite) LACE.
18. BURIA	L, CREMATION, OR	REMOVAL	nd. Tu	2. 17.1937	Mannar of Injury	
19. UNDE	RTAKER Address)	old &	Do.	al.	24. Was disasse or injury in eny wey releted to occupation of decessed?	TUNE
20. FILED	1 0 15	1937. 8	N. J. P.	Frank Registrar.	(Signed) A Milliams (Address) Universe	A. P.

nore blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

STATE OF MARYLAND—CERTIFICATE OF DEATH

1970

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To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
MAR 6 1937			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1280
1. PLACE OF DEATH	(220)
County alley agos	Registration Dist. No.
Village or City Way age	NDSt.,Ward
	death occurred in a hospital or institution, give its NAME instead of street and number)
The State of the s	
2. FULL NAME ING MUCH VALUE (1000)	If U. S. Veteran, specify WAR
(a) Residence: No. (Usual place of abode)	St., Ward.  If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Drite the word)	21. DATE OF DEATH (Month) (Day) (Yeer)
5a. Il married, widowed or divarged  HISBAND OF Chya Clark Walford  (or, WIFE of Chya Clark Walford	1 HEREBY CERTIFY, That I ettended deceased from
6. DATE OF BIRTH (month, day, end yeer) aug 2 P-1/8 76	lest sew h
7. AGE Yeers Months Days If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, et Q D A .m.  The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:  Date of onset
8. Trede, profession, or particuler kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Cerebal Klemmonly & Jon 437
Kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.  9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc.  10. Date deceased lest worked at this occupation (month and the company).  11. Total time (years), spent in this years to this occupation (month and the company).	
this occupation (month and spent in this occupation	Dther Contributory Causes of importance:
12. BIRTHPLACE (city or town) 4. Ourself (State of country)	Hypertury !
13. NAME The Freder Gredel	
13. NAME TUNTULE STEELE	Neme of operation Now Dete of Whet test confirmed diagnosis? Clurical Westhere an eutopsy MA
15. MAIDEN NAME Sarah Suptrill house	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
5 16. BIRTHPLACE (city or town) Northwell	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT (Address)	Where did injury occur?
18. BURIAL, CREMATION, OR REMOVAL  Place MA TOWAL MA Date FLA 10 , 1937.	Menner of injury
19. UNDERTAKER JOS JOS HOLLES (Address)	24. Was diseese or injury in eny way related to occupation of deceased?
20. FILED. J. 8 1937 - N F BILLLIAMN Registrar.	(Signed) (Address) And Agade Yank
4 4 2 2 2	2411 N. Charles Street. Baltimore. Requesting U. S. No. 1.

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Cerebral hemorrhage MAP 2 1937	July 5,1927	Peritonitis	3 days ago
megall V. S.	1		13
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			<u> </u>

	STATE OF MARYLAND-	CERTIFICATE OF DEATH 1281
	1. PLACE OF DEATH	THIN CORPORATE LIMITS.
	County allegame. Wi	THIN CORPORATE Registration Dist. No.
	Village or City Chantesland	No. Sylvan Retress St. 3-3 Ward
	(If Length of residence in city of town where death occurred 6 2 yrsmos	death occurred in a hospital or institution, give its NAME instead of street and number)
	G. AM	1
1	2. FULL NAME Ange & Strongon	If U. S. Veteran, specify WAR
	(a) Residence: No. 405 Parlanke (Usual place of abode)	St., 3 -   Ward.  If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	3. SEK  4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
	that houte married	(Month) (Day) (Year)
	5a. If married, widowed, or divorced HUSBAND of	
	(or) WIFE of Jonnes Kulham	122. I HEREBY CERTIFY, That I attended deceased from
	6. DATE OF BIRTH (month, day, and year) Prace 25 1874	I last saw h. Assolive on T-17-1937; death is said
	7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et m.
	67 10 % 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were es follows:
	8. Trade, profession, or particular kind of work done, as SPINNER,	Date of onset
	SAWYER, BOOKKEEPER, etc. Carpundus  9 Industry or business in which	10 hypuro Myocadita
	work was done, as SILK MILL, SAW MILL, BANK, etc	
	10. Date deceased last worked at this occupation (month and year)  11. Total time (years) spent in this 34 year)	Oh-Cart Cart
	12. BIRTHPLACE (city or town) Commbuland	Other Contributory Causes of importance:
	(Stete or country) /md.	La Grine
	14. BIRTHPLACE (city or town)	
	14. BIRTHPLACE (city or town)	Name of operation. 220 Lea Dete of
	(State or country)	What test confirmed diegnosis? Was there an autopsy?
	15. MAIDEN NAME Say Rumpf 16. BIRTHPLACE (city or town)	23. If death wes due to external causes (VIOLENCE) fill in also the following:
	O 16. BIRTHPLACE (city or town).  (State or country)	Accident, suicide, or homicide?
	0 11 11 10	Where did Injury occur? (Specify city or town, county and State)
	17. INFORMANT MAN STAMPLE It my stackers	Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE.
	18. BURIAL, CREMATIONS OR REMOVAL	Manner of Injury
	Trimoty huthern Cem Date Feb 18, 1937	Nature of injury
	19. UNDERTAKER Komis Stein Inc	24. Was disease or injury in any way related to occupation of deceased?
	(Address) comprehend	If so, specify
	20. FILED Feb. 18, 1937. Dr. J. P. Frankl	(Signed) At my + Mileans M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:  Gallstones	May 1,1923	Other contributory causes of importance:  Gastroenteritis	1 year